**Swimming Pool Compliance Certificate**

**Application Form**

Made under the Swimming Pools Act 1992

**Applicant**

Name: Address: Signatures: Phone/Fax/Mobile/Email:

**Owner’s consent -** If more than one, ALL owners must sign

Name: Address: Signatures: Date: Signatures: Date: Company Seal (if applicable)

Property address/Pool location

Street No: Street: Suburb: Lot: DP: Strata Plan:

**Contact Details**

Access Instructions: Contact Name & Telephone:

**Details of swimming Pool**

In Ground Above Ground Other:

**Office use only**

Was inspection Satisfactory: YES / NO Signature: Application/Job No: Date:

Registration No: Date Registered:

**194 Princes Highway, Milton NSW 2538 Tel 02 4454 1297Email:admin@amgbuildingconsultant..com**