



Application for Swimming Pool Approval

Mackay Regional Council Local Law No. 1 (Administration) 2011;
Subordinate Local Law No. 1.10 (Operation of Public Swimming Pool) 2011.

Privacy Notice: Mackay Regional Council is collecting this information in order to process your Application. Please be advised that Council under Legislation may be required to provide your details to a relevant State Department/Agency when requested or to a collection agency that has been employed by Council for the recovery of unpaid fees. In all other circumstances, this information will only be disclosed to a third party with your written authorisation or as required by law.

P: 1300 622 529 | **E:** council@mackay.qld.gov.au | **F:** 07 4944 2400 | PO Box 41 Mackay QLD 4740 | **ABN:** 56 240 712 069
CS Centres: Mon-Fri, 8:30am-4:30pm | Civic Precinct, Gordon St, Mackay | 65 Broad St, Sarina | 20 Victoria St, Mirani

For your application to be assessed you must:

- Complete all relevant sections;
- Provide all supporting information referred to on this form; and
- Submit with the relevant fee.

Contact council if you have any specific enquiries regarding fees or how to complete this form. Please type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

SECTION A – APPLICATION TYPE

NEW APPLICATION

Complete **SECTIONS B, C, E, F and H** and provide supporting information.

AMENDMENT (e.g. change to operation)

Complete **SECTIONS B, C, E, F and H** and provide supporting information.

TRANSFER

Complete **SECTIONS B, C, D, E, F and H**.

SECTION B – APPLICANT DETAILS

Title: Mr Mrs Ms Miss Other:

Family Name: _____ Given Name/s: _____

Postal Address: _____

Suburb: _____ Post Code: _____

Home Phone: _____ Mobile: _____

Email: _____

If there is more than one applicant, please fill in the details of the second applicant here

Title: Mr Mrs Ms Miss Other:

Family Name: _____ Given Name/s: _____

Postal Address: _____

Suburb: _____ Post Code: _____

Home Phone: _____ Mobile: _____

Email: _____

SECTION C – BUSINESS DETAILS

Trading Name: _____ ABN: _____

Trading Address: _____

Suburb: _____ Post Code: _____

Real Property Description (Lot/Plan): _____

Business Phone: _____ Business Fax: _____

Postal address where you can receive legal documents.

Postal Address: _____

Suburb: _____ Post Code: _____

Contact person for business if not the applicant and/or if the applicant is a company.

Contact Person: _____ Position: _____

Contact Phone: _____ Email: _____

SECTION D – TRANSFER OF APPROVAL

Current approval holder's full name and signature is required if transferring approval.

- I consent to the transfer of this swimming pool approval _____ to the applicant in this application.

Current Approval Holder:

Signature:

Date:

SECTION E – OPERATION DETAILS

What is the proposed nature and extent of the public use?

Days of operation:

Hours of operation:

Is the pool heated or not heated? Heated Not Heated

Will the pool have automatic dosing equipment used in conjunction with the chlorination, filtration and recirculation of water in the pool? Yes No

SECTION F – LANDOWNER CONSENT

Landowner consent is required if the applicant is not the owner.

Landowner Name:

Signature:

Date:

SECTION G – ATTACHMENTS

Please provide:

- Plan or other information identifying the proposed public swimming pool/s and all buildings proposed to be used in the operation of the public swimming pool;
- Details of the equipment that will be used for chlorination, filtration and recirculation of water in the public swimming pool;
- Details of the procedures that will be adopted to ensure that the public swimming pool water is adequate to protect public health;
- Details of the equipment that will be used for emergency medical treatment and first aid;
- Evidence that approvals have been obtained for each of - Town Planning, Building, Plumbing and Trade Waste, as required. If you believe that any one, or all, of these approvals are not required to support this application, you must provide written evidence in support of your claim.

SECTION H – APPLICANT DECLARATION

- I declare the information provided in this application to be true and correct.

Applicant Name:

Signature:

Date

PAYMENT OPTIONS

For a complete list of fees and charges, please refer to council's [Fees and Charges](#).

CREDIT CARD | We accept Visa or MasterCard. We do not accept American Express.

CHEQUE | Make your cheques payable to Mackay Regional Council.

CASH OR EFTPOS | You can pay at any of Council's Customer Service Centres.

OFFICE USE ONLY

Reference number: LC/H&RS/PP

Date:

Amount:

File number:

Receipt number:

Cashier: