Public Swimming Pools and Spas new premises registration/ change of existing notification



About this form

This form is used for the regulation of Swimming Pools and Spas. You may use this form to notify council of new premises or to make changes to existing notification which fall into this category.

How to complete this form

- 1: Ensure that all fields have been filled out correctly.
- 2: Fields marked on this form with an * are mandatory and must be completed prior to submitting this form.
- 3: Once completed you can submit this form by email, mail or in person together with payment of the prescribed fee of \$105. Please refer to the Lodgement details section in Part 4 for further information.

Part 1: Premises Details					
Trading Name					
Shop Number	Building/Arcade				
Fixed Trading Address*					
Postal Address (all correspondence will be sent to this address)					
Phone Number*		_			
Dant Or Occupions Dataile		-			
Part 2: Occupiers Details					
Given Name/s*		Family Name*			
Proprietor/Company Name		ABN / ACN of Occupier*			
Director Name/s					
Proprietor's Home Address (required under Clause 31 of the P	ublic Health Regulatio	n 2022)*		
Note: Before this application	can be lodged at least one of t	the modes of contac	ct below must be supplied.		
Business Number* Mobile Number*			Home Number*		
Email Address					
Contact Person (if different fr	om above)	Position/Role			
Date on which changes will take effect / date of commencement of business (whichever is applicable)					

Part 2: Premises Details Continued					
Please indicate for which purpose you are submitting this form by ticking one of the boxes below					
New pool/spa Change of proprietor Change of trading name Ceased to exist Ceased to trade					
Other If you ticked 'Other' Please provide details in this box					
DA / CDC number:					
Pool Details:					
Please indicate for which purpose you are submitting this form by ticking one of the boxes below					
Public Swimming Pool: Number of pool(s)					
Public Spa Number of spa(s)					
Part 3: Privacy & Personal Information Protection Notice					
Purpose of collection: This information is being collected for the purpose of registering or modifying premises, contacting					
the business as needed to provide or request information.					
Intended recipients: City of Sydney employees. Any approved contractors required to provide this service.					
Supply : The supply of this information is required by law. If you are unwilling to provide this information, the City of Sydney may be unable to provide access to City of Sydney services.					
Access/Correction: Please contact Customer Service on 02 9265 9333 or at council@cityofsydney.nsw.gov.au to access or correct your personal information.					
Storage: The City Planning, Development and Transport Unit at the City of Sydney, located at 456 Kent Street Sydney NSW 2000, is collecting this information and the City of Sydney will store it securely.					
Other uses: The City of Sydney will use your personal information for the purpose for which it was collected and may use it as is necessary for the exercise of other functions.					
For further details on how the City of Sydney manages personal information, please refer to our Privacy Management Plan cityofsydney.nsw.gov.au/policies/privacy-management-plan.					
Part 4: Lodgement Details					
You can lodge the completed application by:					
EMAIL: council@cityofsydney.nsw.gov.au					
MAIL: City of Sydney, GPO Box 1591 Sydney NSW 2001					
N: Town Hall House - Level 2, 456 Kent Street, Sydney See our website for details of all customer service centres and opening hours: cityofsydney.nsw.gov.au/customer-service-centres					
WHAT NOW: Once your application is received a Council Officer will contact you if further information is required.					
FEES: Fee is payable for the new registration in accordance to Council's Fees & Charges. See our website for details.					
For further information regarding your application please contact us by visiting <u>cityofsydney.nsw.gov.au/contact-us</u>					

Part 5: Applicant Declaration					
I declare that to the best of my knowledge, the information provided in this application is accurate and correct.					
Proprietor Name*	Proprietor Signature*	Date*			
Office Use Only					
File Number					
Entered by (please print name)		Date			
Please Note: If this form is received at a Customer Service Centre, please forward it to the Health and Building Unit on THH Lvl 16					