



# Swimming Pool Approval

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

<b>IS THIS APPLICATION</b>  (PLEASE <input checked="" type="checkbox"/> RELEVANT BOX)	<input type="checkbox"/> <b>NEW APPLICATION</b> OR <input type="checkbox"/> <b>TRANSFER</b>																																						
<b>SECTION A</b>	<p>In order for your application to be assessed you must:</p> <ul style="list-style-type: none"> <li>• Complete all relevant sections;</li> <li>• Provide all supporting information referred to on this form, and</li> <li>• Submit with the relevant fee</li> </ul> <p>➤ <b>FOR A NEW APPLICATION</b> Complete <b>ALL SECTIONS</b> and provide all supporting information.</p> <p>➤ <b>FOR AN AMENDMENT (CHANGE TO OPERATION)</b> Complete <b>ALL SECTIONS</b> and provide all supporting information.</p> <p>➤ <b>FOR A TRANSFER</b> Complete <b>SECTIONS A, C AND E.</b></p> <p>Contact Council if you have any specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.</p>																																						
<p style="font-size: small;">Contact person for business if not the applicant and/or if the applicant is a company</p> <p style="font-size: small;">Current approval holder's name and signature is required if transferring approval</p>	<b>APPLICANT DETAILS</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Full Name of Applicant/s</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td colspan="2">Applicant/s Postal Address</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td colspan="2">Trading Name</td> </tr> <tr> <td colspan="2">ABN</td> </tr> <tr> <td colspan="2">Business Address</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td colspan="2">Real Property Description</td> </tr> <tr> <td>Business Phone</td> <td>Fax</td> </tr> <tr> <td colspan="2">After Hours Phone</td> </tr> <tr> <td colspan="2">Email Address</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td colspan="2">Full Name of Contact Person</td> </tr> <tr> <td colspan="2">Email Address</td> </tr> <tr> <td colspan="2">Contact Phone Number</td> </tr> <tr> <td colspan="2" style="background-color: #e0e0e0;"><b>If transferring, current approval holder's name and signature:</b></td> </tr> <tr> <td colspan="2">Full Name of Current Approval Holder</td> </tr> <tr> <td colspan="2">Signature of Current Approval Holder</td> </tr> </table>	Full Name of Applicant/s				Applicant/s Postal Address				Trading Name		ABN		Business Address				Real Property Description		Business Phone	Fax	After Hours Phone		Email Address				Full Name of Contact Person		Email Address		Contact Phone Number		<b>If transferring, current approval holder's name and signature:</b>		Full Name of Current Approval Holder		Signature of Current Approval Holder	
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<b>SECTION B</b>  Landowner consent is required if the applicant is not the owner	<b>CONSENTS (LANDOWNER)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name of Landowner</td> <td> </td> </tr> <tr> <td>Signature of Landowner</td> <td> </td> </tr> </table>	Name of Landowner		Signature of Landowner																																			
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<b>SECTION C</b>	<b>OPERATION DETAILS</b>	
	What is the nature and extent of the public use that is proposed ?	
	Hours of operation of the public swimming pool	
	Days of operation of the public swimming pool	
	Is the pool heated or not heated ? (please circle)	Heated / Not Heated
Will the pool have automatic dosing equipment used in conjunction with the chlorination, filtration and recirculation of water in the pool ?		
<b>SECTION D</b>	<b>ATTACHMENTS</b>	
<p><b>You must provide:</b></p> <ol style="list-style-type: none"> <li>1. 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.</li> <li>2. Details of the equipment that will be used for chlorination, filtration and recirculation of water in the public swimming pool.</li> <li>3. Details of the procedures that will be adopted to ensure that the public swimming pool water is adequate to protect public health.</li> <li>4. Details of the equipment that will be used for emergency medical treatment and first aid.</li> <li>5. Evidence that approvals have been obtained for each of town planning, building, plumbing and trade waste as required. If you believe that any, or all, of these approvals are not required to support this application, you must provide appropriate evidence (eg written evidence) in support of your claim.</li> </ol>		
<b>SECTION E</b>	<b>APPLICANT CONSENT</b>	
	I declare the information provided in this application to be true and correct.	
	Signature	Date
Mackay Regional Council is collecting this information in order to process your Application. If required, Council may provide your details 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.		

**Office Use Only**

Cashiers Ref No : LC/H&RS/PP _____	Date
Amount	File No
Receipt No	Cashier