



# APPLICATION TO REGISTER A POOL AND/OR SPA

Building Amendment (Swimming Pool and Spa) Regulations 2019

Office Use Only  
Records Department

File No: DB/14/05

Document No:

## Name of owner of the land on which the swimming pool/spa is located?:

First Name:

Last Name:

## Owner Postal Address:

Address:

Town:

State:

Postcode:

## Contact Details:

Home:

Mobile:

Email:

## Pool/Spa Location Address:

Address:

Town:

State:

Postcode:

## Title Details (if known) - e.g. Crown allotment, Lot Number, LP/PS, Volume, Folio, Section, Parish:

CA:

Lot number:

LP/PS:

Volume:

Folio:

Section:

Parish:

## Pool/Spa Type:

- In-Ground
- Inflatable/Temporary (\*3 days +)
- Above Ground - Permanent
- Above Ground - Relocatable
- Spa - Permanent
- Spa - Relocatable

## Pool/Spa Installation Date:

Date:

Was a building Permit Obtained? (please provide copies of any relevant building permit if available and/or other information or documentation that provides evidence of when the swimming pool or spa was constructed).

- Yes
- No
- Unknown

If Yes, Date of Building Permit:

Building Permit Number (if known):

## Building Permit Issued by (if known):

- Municipal Building Surveyor
- Private Building Surveyor

Has there been any other building work that has altered or resulted in changes to the barrier since the swimming pool/spa was constructed or erected?:

Yes

No

Unknown

If yes, please provide details and copies of any relevant building permit or other documentation:

Signature:

Date:

**LODGEMENT INFORMATION:**

MAIL:  
Buloke Shire Council  
PO Box 1  
Wycheproof VIC 3527

IN PERSON:  
367 Broadway  
Wycheproof VIC 3527

EMAIL:  
buloke@buloke.vic.gov.au

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On receipt of your completed form we will send you a letter providing further information on the process, requesting any further information to be provided (if necessary), and including an invoice for the swimming pool/spa registration fee.