

Public Swimming Pool Approval



Subordinate Local Law 1.10 (Operation of a Public Swimming Pool)

Application Type

- ☐ **New Approval** – Complete sections 1, 2, 3, 4, 5, 9 & 10
- ☐ **Amendment** – Complete sections 1, 3, 5, 6 & 10
- ☐ **Transfer** – Complete sections 1, 2, 3, 4, 5, 7, 9 & 10
(The current owner must complete a separate Public Swimming Pool Approval form to surrender their approval)
- ☐ **Surrender** – Complete sections 1, 3, 8 & 10

1. Applicant Details

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss

Given name(s)

Surname

Company name

ABN

Postal address

Suburb

Postcode

Phone ☐ (W) ☐ (H)

Mobile

Email address

Please note the email address listed above will be used for the delivery of your renewal notice/inspection report. Text message reminders will also be sent to the above mobile number. It is important these remain up to date at all times. If you would prefer to receive your renewal notice via post, please advise Council's Health & Environment Unit in writing.

2. Certificate of Approval

Who is to be listed as the Approval Holder on the Certificate of Approval?

- ☐ Company ☐ Person

The Approval Holder must be a legal entity e.g. Person(s) or Company. A business name, trust or shop name is not a legal entity and cannot be the approval holder.

3. Public Swimming Pool Details

Approval Number (existing businesses ONLY)

PP

Business Name

Address

Suburb

Date

Business Phone

Contact Person

Contact Number

4. Operation of Public Pool

Day	Opening Time	Closing Time
Monday	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>
Sunday	<input type="text"/>	<input type="text"/>

Is the pool heated?

- ☐ Yes ☐ No

Does the pool have automatic dosing equipment used in conjunction with the chlorination, filtration and recirculation of water?

- ☐ No ☐ Yes – please supply details of the equipment being used:

Office Use Only

PP Number

CSC

Amount

Date

Receipt #

☐ Relevant sections completed

CSHE020 – 18/10/2019

CREDIT CARD DETAILS – VISA / MASTERCARD ONLY

Charge amount \$ Expiry / CCV Card holder name

Card number

Signature

Information Privacy Act 2009 – Redland City Council is collecting your personal information in accordance with the Local Law No. 1 (Administration) and Subordinate Local Law 1.10 Operation of a Public Swimming Pool in order to process this application. The information will only be used by authorised Council Officers for the purpose of this Public Health application and ensuring our records are accurate. Your information will not be given to any other person or agency unless you have given us permission or we are required by law to do so.

Redland City Council PO Box 21 Cleveland QLD 4163 | T 07 3829 8999 | F 07 3829 8765 | E rcc@redland.qld.gov.au | W www.redland.qld.gov.au

Further Information

5. Application Requirements

All requirements are to be provided with your application and all boxes are to be ticked:

- ☐ Details of the swimming pool including a plan identifying the pool and all buildings proposed to be used in the operation of the pool.
- ☐ Details of the nature and extent of the public use that is proposed.
- ☐ Details of the proposed management and supervision of the pool (including the qualifications and experience of managers and supervisors).
- ☐ Details of procedures to ensure that the pool is adequate to protect public health.
- ☐ Details of the equipment which will be used for emergency medical treatment and first aid.

6. Amendment to Approval

Are you applying for an Amendment to Approval?

- ☐ Yes ☐ No

Note: You already hold the approval and plan on making alterations to the operations/premises.

- ☐ Amendment to name ONLY (*no fee applies*)

Current name

Proposed name

- ☐ All other amendments – please provide details below:

7. Transfer of Approval

Does the business hold a current approval?

☐ **Yes** – The Current Approval Holder must complete a separate Public Swimming Pool form to surrender their approval (please attach).

☐ **No** – A transfer application is not application if the business does not hold a current approval.

Are any major changes being made to the approved premises?

- ☐ No ☐ Yes – please note changes below
(*a transfer application may not be applicable*):

The Environmental Health Team will contact you to pay the pro-rata Approval Fee.

8. Surrender of Approval

Are you surrendering your approval?

- ☐ Yes ☐ No

Date operation ceased:

Is someone taking over the business?

- ☐ No ☐ Yes – new owner must complete a separate Public Swimming Pool form to transfer the approval.

Note: The approval that is to be surrendered must accompany this application.

9. Land Owner's Declaration

I hereby declare that I consent to this application being made.

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss

Owner's Name

Land Owner's Signature

Date

10. Applicant's Declaration

I hereby declare that the above information is true and correct.

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss

Applicant's Name

Applicant's Signature

Date