

# FORM 22

## Building Regulations 2018 APPLICATION TO REGISTER A SWIMMING POOL OR SPA

Regulation 147P(1)

MITCHELL SHIRE COUNCIL



113 High Street,  
Broadford 3658

DX 66003 Seymour

TEL: (03) 5734 6200

FAX: (03) 5734 6222

E-MAIL: [mitchell@mitchellshire.vic.gov.au](mailto:mitchell@mitchellshire.vic.gov.au)  
Internet: [www.mitchellshire.vic.gov.au](http://www.mitchellshire.vic.gov.au)

### OWNERSHIP DETAILS

Owner .....

Postal address .....

.....Postcode.....

Contact person .....Telephone.....

Email Address: .....

### PROPERTY DETAILS

Number	Street / Road			City / Suburb / Town			Postcode
Lot/s		LP/PS		Volume		Folio	
Crown allotment		Section		Parish		County	
Municipality	Mitchell Shire Council			Allotment area (for new dwellings only)			m <sup>2</sup>
Property No:							

### TYPE OF POOL\*

Permanent Swimming Pool                                        Permanent Spa                      
Relocatable Swimming Pool                                        Relocatable Spa                   

Date of Construction of Permanent Pool/Spa (If Applicable) - .....

*(Please provide copies of any relevant building permit if available and/or a any other documentation that provides evidence of when the swimming pool or spa was constructed)*

Date Relocatable Pool/Spa was Erected (If Applicable) - .....

Is there any other building work that has altered or resulted in changes to the barrier since the swimming pool or spa was constructed or erected.

Yes                        No   

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

### SIGNATURE

Signature of owner or agent ..... Date .....