

POOL COMPLIANCE INSPECTION REQUEST FORM

CHRC Building Section
Phone: 4982 8342

Property details where pool compliance is to be carried out:

Street Number: _____ Street: _____ Town: _____

Lot: _____ Registered Plan: _____

Vacant ☐ Owner Occupied ☐ Tenants ☐ Dogs ☐

Applicants Name: _____

Applicants address: _____

Contact Number PH: _____

Email: _____

Owners Details: _____
(If not same as Applicant)

Owners Postal Address: _____

Please Select One:

☐ Spas and Wading Pools & Report on Existing Fencing

☐ In Ground and Above Ground Pools & Reports on Existing Fencing

Print your name here: _____

Applicants signature

Date

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