

# Swimming/Spa Pool Fencing

## Request for Compliance Inspection

To: Waipa District Council, Private Bag 2402, Te Awamutu 3840  
Phone: 0800 924 723 | Fax: 07 872 0033 | Web: www.waipadc.govt.nz | Email: info@waipadc.govt.nz

### 1. LOCATION OF POOL (Please print clearly with a blue or black pen)

Street No. \_\_\_\_\_ Street Name \_\_\_\_\_  
Town \_\_\_\_\_

#### OFFICE USE ONLY

Date Received

### 2. APPLICANT

Full Name \_\_\_\_\_  
Mail address (if different from above) \_\_\_\_\_  
Town/City \_\_\_\_\_ Post Code \_\_\_\_\_  
Contact Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Is the applicant the:  
 Owner       Agent (on behalf of and with the authority of the owner)

### 3. POOL TYPE

Swimming pool—in-ground       Spa pool—greater than 5 sq mtrs  
 Swimming pool—above ground

### 4. INSPECTION DETAILS

Preferred inspection days and/or times \_\_\_\_\_  
*(Please note that Council will contact you directly to confirm the inspection day and time)*  
Are there any hazards or site restrictions for the inspector to be aware of? E.g. dogs, construction, locked gates.  Yes       No  
Please detail hazards or site restrictions \_\_\_\_\_  
Is the applicant or member of household required onsite for inspection?  Yes       No

Signed by the OWNER or the AGENT on behalf of and with the authority of the owner

\_\_\_\_\_ [Print name]

\_\_\_\_\_ [Signature]

\_\_\_\_\_ [Date]

#### OFFICE USE ONLY

CRM # (bdPoolInsp): \_\_\_\_\_

INSPECTION FEES PAYABLE	\$108.00
RE-INSPECTION FEES PAYABLE	\$60.00
RECEIPT NO	