

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	\$100.00
RE-INSPECTION FEES PAYABLE	\$57.00
RECEIPT NO	