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## APPLICATION FOR INSPECTION OF A SWIMMING POOL FENCE

Fencing of Swimming Pools Act 1987

**Note:** Insert a tick in each applicable box, complete **all items applicable** to your request

**TO: Pool Compliance Officer**  
**The Building Unit**  
**Nelson City Council**  
**Civic House**  
**PO Box 645**  
**Nelson 7010**

Please carry out an inspection of the pool fence at:  
 .....  
**(Address and legal description)**

to determine compliance with the requirements of the Fencing of Swimming Pools Act 1987.

The inspection fee is attached.

**Note:** 1. If the inspection discloses non-compliance, further fees may be payable by the property owner.  
 2. This inspection will be additional to the audit process carried out by the Pool Compliance Officer.

THE OWNER	APPLICANT <small>(If not the owner)</small>
Owner of the Pool: _____ <i>(please print name)</i>	Name of applicant: _____
Contact person _____ <i>(If owner is not an individual)</i>	Contact person: _____
Mailing address: _____ <span style="float: right;">Post code</span>	Mailing address: _____ <span style="float: right;">Post code</span>
Street address or registered office: _____	Street address or registered office: _____
Contact numbers: Landline: _____	Contact numbers: Landline: _____
Mobile: _____ Daytime: _____	Mobile: _____ Daytime: _____
After hours: _____ Fax: _____	After hours: _____ Fax: _____
Email address: _____	Email address: _____
<b>I have read notes 1 and 2 above. I hereby consent to a non-routine inspection of swimming pool fencing and associated matters.</b>	Report to be sent to following address: _____
<b>Signed</b>	<b>The report will be a <u>brief</u> assessment of compliance with the Fencing of Swimming Pools Act 1987.</b>

OFFICE USE ONLY	Pool Identifier No.		Date of Inspection	/ /	Property Owner Notified	/ /
Pool register checked and updated		Applicant Notified	/ /	Signed		/ /