



REF:

HPI :

Parties to the Agreement

Bob Rona BPB2406
Hills Pool Inspections
WEB : www.hillspools.com.au
Specialist Accredited Certifier
Building Professionals Board

Agreement for Swimming Pool
Inspection for either
**Swimming Pool Compliance
or Non Compliance Certificate**

Business / Postal Address
86 Sydney St Riverstone NSW
Bob Rona on 0411 420 888
Email : bob@hillspools.com.au
Insurance Solutions One
Policy AD 453303736PIND
Valid 28-5-18 TILL 28-5-2020

Introduction

The Certifier is accredited under the Building Professionals Act 2005 and is authorised to carry out inspections of Swimming pools and to issue certificates of compliance under *the Swimming Pools Act 1992 (SP Act)*

OFFICE USE ONLY – SYDNEY AREA
Agreed Fee \$ 375 Inc GST
Includes 1st and
if reqd. 2nd Inspection.

Additional fees due if inspections required after the statutory
6 week period or outside Sydney Metro area

Description of Services: The certifier will perform all work necessary to comply with the relevant statutory requirements , including .

Inspect the Swimming Pool

- ❖ Assessing whether the swimming pool complies with the requirements for the issue of a certificate under S.22D of the SP Act
- ❖ Issuing a Certificate of Compliance if the pool complies
- ❖ Issuing the following if the pool is Non-Compliant :
 - Written Notice under section 22E of the SP Act
 - A certificate of Non Compliance within seven days of the Inspection
- ❖ Provide a copy of the Section 22E written notice to the relevant local council:
 - Immediately where , in the opinion of the Certifier , the pool poses a significant risk to public safety , or
 - Within 5 days after the expiry of six weeks from the date of inspection unless a certificate of compliance has been issued before.
- ❖ If necessary, re-inspect the swimming pool, and issue certificates and/or written notices as appropriate
- ❖ Updating the property records in the NSW Swimming Pool Register, as required

Owner / Applicants/ Agents - Details **PLEASE PRINT**

Full Names

PLEASE PRINT**SWIMMING POOL ADDRESS**

(Lot & DP numbers are
on your Rates Notices)

LOT No:

DP No:

EMAIL:

PH:

MOB:

Office USE ONLY

Gates

NCZ

Heights

Boundary

Other

Owner(s) / Agents Consent

As Owners / Agents for the owners, of the land to which this application relates, I/We consent to this application. I/ We also consent for Authorised Certifier to enter the land to carry out inspections related to this application. I/We accept that all communication regarding this application will be through the nominated applicant(s).

Signature(s)

Signed and executed by Owner/Agent

: _____

Date of agreement.:

Certifiers Electronic Sig : **Bob Rona**

Hills Pool Inspections Covering Greater Sydney and parts of NSW

