



WAIROA DISTRICT COUNCIL

REGULATORY DEPARTMENT

+64 6 838 7309
+64 6 838 8874
consents@wairoadc.govt.nz

www.wairoadc.govt.nz
PO Box 54, Wairoa 4160, Hawke's Bay
Coronation Square, Queen Street, Wairoa

APPLICATION FOR AN INSPECTION OF A POOL FENCE Fencing of Swimming Pools Act 1987

SW: (office use only) _____

Applicant

Name: _____

Mailing address: _____

Daytime phone number: _____ Mobile: _____

Facsimile number: _____ Email address: _____

The Pool

Address of the pool fence requiring inspection: _____

Name of pool owner: _____

Daytime phone number: _____ Valuation number of
(of pool owner) land: _____

Application

The following is required with this form when making an application for an Inspection of a Pool Fence:

Application fee of \$ _____ (includes GST)

Please carry out an Inspection of the pool fence at above stated location to determine compliance with the Fencing of Swimming Pools Act 1987.

Signature (of applicant)

Date

For office use only

Date received: _____ Fee paid: _____

Inspection booked: _____ Date inspection undertaken: _____

Inspected by: _____ Date pool register updated: _____

NCS property file updated: _____ Date notified applicant: _____

Date owner notified: (if
required for non-compliance) _____