

# Swimming Pool and/or Spa Bath Certification

Australian Standard AS 1926.3

**Lodge Applications** at Ballina Shire Council • 40 Cherry Street Ballina (Mon-Fri 8.15am to 4.30pm)  
**mail** PO Box 450 Ballina 2478 • **e** council@ballina.nsw.gov.au • **abn** 53 929 887 369  
**t** 1300 864 444 • **w** ballina.nsw.gov.au

Submit this form to Council prior to issue of occupation certificate.

## Property Details

DA Number

Property Address

Owner's Name

## Certifier's Details

I hereby certify that the water recirculation system of the swimming pool and/or spa bath facility has been installed in accordance with *Australian Standard AS 1926.3 Swimming Pool Safety - Water Recirculation Systems* and the *National Construction Code - Building Code of Australia (BCA)*.

Certifier's Name

- Builder
- Pool Contractor
- Manufacturer

Certifier's Address

Telephone *business hours*

Mobile

Email Address

Licence Number

Signature

Date

**SUBMIT FORM**