

## **Department of Housing and Public Works**

## Form 28—Application for pool safety standard exemption

Version 5 - July 2017

**Privacy statement:** The Department of Housing and Public Works on behalf of the Queensland Building and Construction Commission (QBCC) is collecting personal information as required under the *Building Act 1975*. This information may be stored by the QBCC, and will be used for administration, compliance, statistical research and evaluation of pool safety laws. Your personal information will be disclosed to other government agencies, local government authorities and third parties for purposes relating to administering and monitoring compliance with the *Building Act 1975*. Personal information will otherwise only be disclosed to third parties with your consent or unless authorised or required by law.

**RTI:** The information collected on this form will be retained as required by the *Public Records Act 2002* and other relevant Acts and regulations, and is subject to the Right to Information regime established by the *Right to Information Act 2009*.

This form may be used for the purposes of sections 235 and 245 of the Building Act 1975.

It is recommended that you speak to your local government before making this application.

1. Applicant details—		
The applicant must be the pool owner.		
Title First name	Middle name	Last name
Postal address		
Suburb	State	Postcode
Email address		
Phone number (at least one phone contact	ct number is requested)	
Home	Work	
Mobile	Fax	
2. Location of the swimming poo	1	
Lot/s on plan details are usually shown		<u>.</u>
Street address		•
Suburb	State	Postcode
Suburb	State	rosicode
Lot/s on plan: (include all lots if the pool s	pans lot boundaries)	
Local Government area:		
3. Application type (please tick) -		
Disability exemption	Impracticality exemp	otion

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4. Details of exemption sought ————————————————————————————————————		
5. Supporting information————		
evidence of disability, photographs of pool area	n - use attachments if required (e.g. reasons for exemptions, medical ea, drawings, reports, cost estimates, etc.).	
6. Declaration by the applicant———		
	attached to this form is true and correct and that I am the pool owner.	
Applicant's full name		
Signature	Date	
	I I	
7. Lodging this application————		

This application must be lodged with the local government of the area in which the pool is located.

The local government may charge a cost recovery fee for this application.

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