

Request for Initial Pool / Spa Inspection 2024-25



I request that the City of Busselton arrange and undertake a compliance inspection for the swimming pool / spa at the address below.

Name: _____ Signature: _____

Date: _____

I am the owner builder applicant other (please specify) _____

Property Details

House No:		Street:	
Locality:			
Ref:	SP /		

Contact Person for Invoice

Name:	
Phone:	
E-mail:	

Fee for Initial Inspection\$184.00

Contact Person for Inspection

Name:	
Phone:	
E-mail:	

Tick if any time is ok to inspect, without the need for anyone to be present.

PLEASE RETURN THIS FORM TO: city@busselton.wa.gov.au

Sending to any other address may cause delays.

OFFICE USE ONLY

INVOICED	
CONTACTED	
INSPECTION DATE	

For more information, go to www.busselton.wa.gov.au/develop/swimming-pools.aspx

All Communications to:

T (08) 9781 0444
E city@busselton.wa.gov.au

Locked Bag 1 Busselton WA 6280
www.busselton.wa.gov.au

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