## 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 barrier at the address below.

Name:		Signature:
Date:		
I am the	<b>□</b> owner	☐ builder ☐ applicant ☐ other (please specify)
The pool / spa barrier is: ☐ temporary ☐ permanent		
Property	Details	
House No:		Street:
Locality:		
Ref:	SP	/
Contact F	Parson t	for Invoice (if not paid with Building Permit Application)
Name:	GISOIII	ioi invoice (ii not paid with building i erinit Application)
Phone:		
E-mail:		
		Inspection \$184.00
Name:		tor inspection
Phone:		
E-mail:		
_		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: