

# Application for Exemption from Compliance with Pool Standard – Disability

*Building Standard Act 1975 Section 234 & 236*

You MUST complete ALL questions unless the form indicates otherwise.  
Incomplete forms or forms without all necessary information and documentation  
will result in your application not being a properly made application.

## Part A - Property Owner Details

To be completed by the Property Owner

### SECTION 1 – POOL OWNER DETAILS

Applicant name:

or Company name and ACN:

Postal address:

Contact name for the application:

Telephone:

Mobile:

Fax:

Email:

### SECTION 2 – SWIMMING POOL SITE DETAILS

Swimming pool address:

Legal property description: Lot:

Plan:

Is the pool to be constructed:  Yes  No

Is the pool existing:  Yes  No If yes – the pool registration number:

### SECTION 3 – REASONS FOR EXEMPTION

The application must be accompanied by:

- Detailed reasons explaining why an exemption should be considered;
- Part B completed by the applicant's Medical Practitioner or Occupation Therapist;
- Plans and diagrams may be used to assist the application.
- What measures will be taken to provide suitable alternative safety provisions; and

### OFFICE USE ONLY

Are all sections of the application completed and signed?

Are all supporting documents attached?

LLO recommendation:

Date sent to QBCC:

CSO:



**PRESCRIBED FEES (Applicable from 1 July 2022 to 30 June 2023)**

<input type="checkbox"/> Application fee for exemption	NIL
<input type="checkbox"/> Inspection fee may apply	\$166.00

**CONDITIONS**

Council may grant the exemption under the *Building Act 1975* only if it is satisfied that—

- (a) a person with a disability is, or is to become, an occupier of land on which the regulated pool is situated; and
- (b) it would be physically impracticable for the person, because of the person's disability, to access the pool if it had barriers complying with the pool safety standard.

Council may grant the exemption on the reasonable conditions it considers necessary or desirable to prevent a young child accessing the pool. If the exemption is granted on conditions, the applicant must comply with each condition of the exemption at all times.

For the purposes only of any appeal proceedings arising in connection with an application under Section 235 of the *Building Act 1975*, Council is taken to have refused the application if it has not finally determined the application within 5 business days after the application is made.

If Council refuses the application for an exemption, or is taken to have refused the application, or imposes a condition on an exemption, the owner of the premises on which the relevant regulated swimming pool is situated is entitled to appeal to a building and development dispute resolution committee under the *Sustainable Planning Act 2009*, section 532.

**Pursuant to Section 240 of the *Building Act 1975***, the pool safety standard continues to apply for the regulated pool to the extent the exemption does not apply.

- (a) the applicant stops being the owner of the regulated pool; or
- (b) the person because of whom the exemption was granted is no longer an occupier of the land on which the pool is situated; or
- (c) it would no longer be physically impracticable for the person because of whom the exemption was granted to access the pool if it complied with the pool safety standard.

**Pursuant to Section 242 of the *Building Act 1975***, Council can revoke the granted exemption if the local government is satisfied 1 or more of the following applies—

- I. the decision on the application for the exemption was based on a false or misleading particular given by the applicant;
- II. the exemption has ended under section 241;
- III. the exemption was subject to conditions and there has been a contravention of a condition.

# Part B – Medical Assessment

To be completed by a Medical Practitioner or Occupational Therapist

## SECTION 1 – MEDICAL PRACTITIONER OR OCCUPATIONAL THERAPIST DETAILS

Applicant Name:

Medical Practitioner's name (please PRINT):

Health Profession:

Medical Practitioner's Address:

Medical Practitioner's Signature:

Provider Number:

Telephone:

Mobile:

Fax:

Email:

## SECTION 2 – MEDICAL ASSESSMENT

I certify that I have examined the person shown as the applicant for a Disability Exemption and certify that..... (full name of the patient) has:

Total dependence on a wheelchair

Total dependence on a carer/caregiver

Total dependence on a large mobility device (walking frame) – this does not include splints, crutches or walking sticks OR

The applicant's ability to access the pool is severely impaired because (give reason):

This condition is:  temporary  permanent