



SWIMMING POOLS

1. PROPERTY INFORMATION

Municipality: _____

Parcel ID: _____

Site Address: _____

2. APPLICATION FOR: (Check all that apply)

- Storable / Portable Above Ground With Deck Without Deck In-Ground Spa / Hot Tub

A barrier / fence not less than 48” high must be provided for any pool containing more than 24” of water.

- Pool walls will be barrier Fence will be provided around the pool only The house will be part of the fence

Note: Where a wall or walls of the home serve as part of the barrier, check one of the following:

- The pool will be equipped with a power safety cover.
 Doors with direct access will be equipped with self-closing and latching devices.
 Doors with direct access will be equipped with an audible warning device with deactivation switch 54” off the floor.

Estimated Cost of Construction: _____

Total Square Footage: _____

3. PROPERTY OWNER

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

4. INSTALLER

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

5. ELECTRICIAN

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

THE FOLLOWING INFORMATION MUST ACCOMPANY EACH APPLICATION

Incomplete or missing information may result in additional fees and/or denial of the application.

- o Completed “Application”
o Zoning Permit / Approval
o Plot / Site Plan showing the location of the deck
o 2 sets of drawings in sufficient detail for review
o Proof of valid Workers Compensation for contractor or “Notarized Waiver”

I certify that I am the owner of the property or an authorized agent of the owner for which this application has been filed. I hereby certify that all statements contained above are, to the best of my knowledge, true and correct. I further understand that I must comply with the provisions of all laws and ordinances as adopted by the Municipality and the Unified Construction Code of Pennsylvania.

Applicants Signature: _____

Date: _____

Received by: _____

Date: _____

Plan Review No. _____

Permit No. _____