

Date Received: _____

Permit No. _____

UPPER MILFORD TOWNSHIP ~ LEHIGH COUNTY, PA

PO Box 210, 5671 Chestnut Street

Old Zionsville, PA 18068

Phone: (610) 966 – 3223; Fax: (610) 966 – 5184

Website: <http://www.uppermilford.net>

Pin No. _____

Zoning District: _____

POOL PERMIT

CONTACT INFORMATION:

Check who is responsible for permit.

Site Address: _____ Subdivision: _____

Property Owner: _____ Phone: _____ Fax: _____
Mailing Address: _____

Installer: _____ Phone: _____ Fax: _____
Mailing Address: _____

POOL INFORMATION:

POOL CLASSIFICATION:

- Private (Single Family Residence)
- Public (Includes all commercial)
(Building and Plumbing permits required)

ENCLOSURES / PROTECTIONS:

- Existing Proposed
- Type of Fence Material: _____

Size / Description of fence: _____

- 4' Fence Around Pool
- 4' Fence Around Yard
- 4' Pool Wall Above Grade
- Lockable Pool Cover
- Alarm
- Self-Closing / Latching Gates
(with a latch minimum 48" above grade)

POOL DIMENSIONS:

Length: _____
Width: _____
Depth: _____
Capacity: _____ gal

POOL TYPE: (Specs Needed)

- Above Ground
- In Ground
- Spa

POOL SETBACKS:

Front: _____
Rear: _____
Right: _____
Left: _____

MISCELLANEOUS:

Pool Deck: No Yes

Walkway Width: _____

Slide: No Yes

Pool Walkway: No Yes

Diving Board: No Yes

Pump: (Specs Req'd) No Yes

Filter: (Specs Req'd) No Yes

POOL HEATER:

(Building Permit Required)

- No Yes
- LPG Nat'l Gas

PA ONE CALL # _____

Date _____

ELECTRICAL INFORMATION:

Overhead / Underground Wires:

Type:

- Overhead
- Underground

Distance from Pool:

Vertical _____ Horizontal _____
Horizontal _____

Receptacles:

Type:

- GFCI Receptacle
- Non-GFCI

Distance from Pool:

Underwater Lights: No Yes

ESTIMATED COST OF CONSTRUCTION: (reasonable fair market value)

\$ _____

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INSPECTIONS:

APPROVED

DENIED:

<input type="checkbox"/> ZONING	_____	_____
<input type="checkbox"/> BUILDING	_____	_____
<input type="checkbox"/> ELECTRIC	_____	_____
<input type="checkbox"/> PLUMBING	_____	_____
<input type="checkbox"/> _____	_____	_____

POOL FEES:

FEES

APPLICANT NOTIFIED

In-Ground Pool Fees:	\$ _____	DATE: _____
Above-Ground Pool Fees:	\$ _____	RECEIPT # _____
Spa / Hot Tub	\$ _____	RECEIPT # _____
Total Pool Fees:	\$ _____	RECEIPT # _____
Non-Refundable Application Fee:	\$ 50.00 _____	RECEIPT # _____
Balance After Application Fee Reduction	\$ _____	RECEIPT # _____

Note: Non-Refundable Application Fee will be used towards final fees due.

Signature of Owner or Authorized Agent

Print name of Owner or Authorized Agent

FOR CODE ADMINISTRATOR USE ONLY:

POOL Permit Approved: Yes No

Code Administrator's Signature

Date

APPROVAL CONDITIONS:

PROJECT DOCUMENTS (DRAWINGS AND CALCULATIONS):

<u>Type of Document:</u>	<u>Submitted:</u>	<u>Signed and Sealed:</u>	<u>Date:</u>	<u>Revision Date:</u>
Specifications Pool	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Flood Hazard Area Data	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Workers Comp. Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Barrier Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Site Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Sediment and Erosion Cont.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____