

Date Received: _____

Permit No. _____

UPPER MILFORD TOWNSHIP ~ LEHIGH COUNTY, PA

PO Box 210, 5671 Chestnut Street
Old Zionsville, PA 18068

Pin No. _____

Zoning District: _____

Phone: (610) 966 – 3223; Fax: (610) 966 – 5184
Website: http://www.uppermilford.net

POOL PERMIT

CONTACT INFORMATION:

Check who is responsible for permit.

Site Address: _____ Subdivision: _____

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

General Contractor: _____ 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: _____

POOL DIMENSIONS:

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

POOL TYPE: (Specs Needed)

- Above Ground
- In Ground
- Spa

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 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 **Distance from Pool:**
 Underground Vertical _____ Horizontal _____
Horizontal _____

Receptacles:

Type:
 GFCI Receptacle **Distance from Pool:** _____
 Non-GFCI _____

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: \$ _____

Above-Ground Pool Fees: \$ _____

Spa / Hot Tub \$ _____

Total Pool Fees: \$ _____

Non-Refundable Application Fee: \$ 50.00

Balance After Application Fee Reduction \$ _____

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

DATE: _____

RECEIPT # _____

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 | _____ | _____ |