

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	_____	_____