

Township of South Glengarry
6 Oak Street, P.O. Box 220, Lancaster, Ontario K0C 1N0

APPLICATION FOR A SWIMMING POOL PERMIT

Applicants are required to submit a fully completed application for each permit applied for.

A. Location				
Civic Number	Street	Postal Code		
Municipality	Plan Number	Part Number		
Roll Number	Estimated Cost of Works			
B. Applicant				
Name		Civic Number	Street	
Postal Code	Municipality	Phone Number	Fax	
C. Contractor				
Name		Address		
Phone Number		Fax		
D. Swimming Pool				
Type of Swimming Pool		Above Ground Pool <input type="checkbox"/>	In Ground Pool <input type="checkbox"/>	
Shape of Pool:	Round <input type="checkbox"/>	Square <input type="checkbox"/>	Oval <input type="checkbox"/>	Irregular <input type="checkbox"/> Size: _____
Depth of Pool:	1.2m (4 foot) or more <input type="checkbox"/>		Other(specify): <input type="checkbox"/>	
Type of Fence:	Plastic <input type="checkbox"/>	Wood <input type="checkbox"/>	Steel <input type="checkbox"/>	Chain Link <input type="checkbox"/> Height: _____
Gate Equipped With:	Self-closer <input type="checkbox"/>	Lock <input type="checkbox"/>	Latching Device <input type="checkbox"/>	Height: _____
Distance from Fencing to Pool (In Ground Pool Only)	North Side:	South Side:	East Side:	West Side:

Declaration: I _____, the undersigned, am the authorized owner/agent of the owner named in the above application and I certify the truth of all the statements or representations contained therein. I understand that the issuance of a permit shall not be deemed a waiver of any of the provisions of any by-laws or requirements of the *Building Code Act* or regulations made hereunder, notwithstanding anything included in or omitted from the plans or other material filed in support of or in connection with the above application. I acknowledge that in the event a permit is issued, any departure from specific conditions, plans, specifications, or pool location proposed in the above application is prohibited and could result in the permit being revoked. I further acknowledge that in the event the permit is revoked for any cause or irregularity or non-conformity with by-laws or requirements of the *Building Code Act*, or regulations made hereunder, there shall be no right of claim whatsoever against the municipal corporation or any official thereof and any such claim is hereby expressly waived.

Signature of Owner or Authorized Agent

Date

FOR OFFICE USE ONLY/ THIS IS NOT A PERMIT

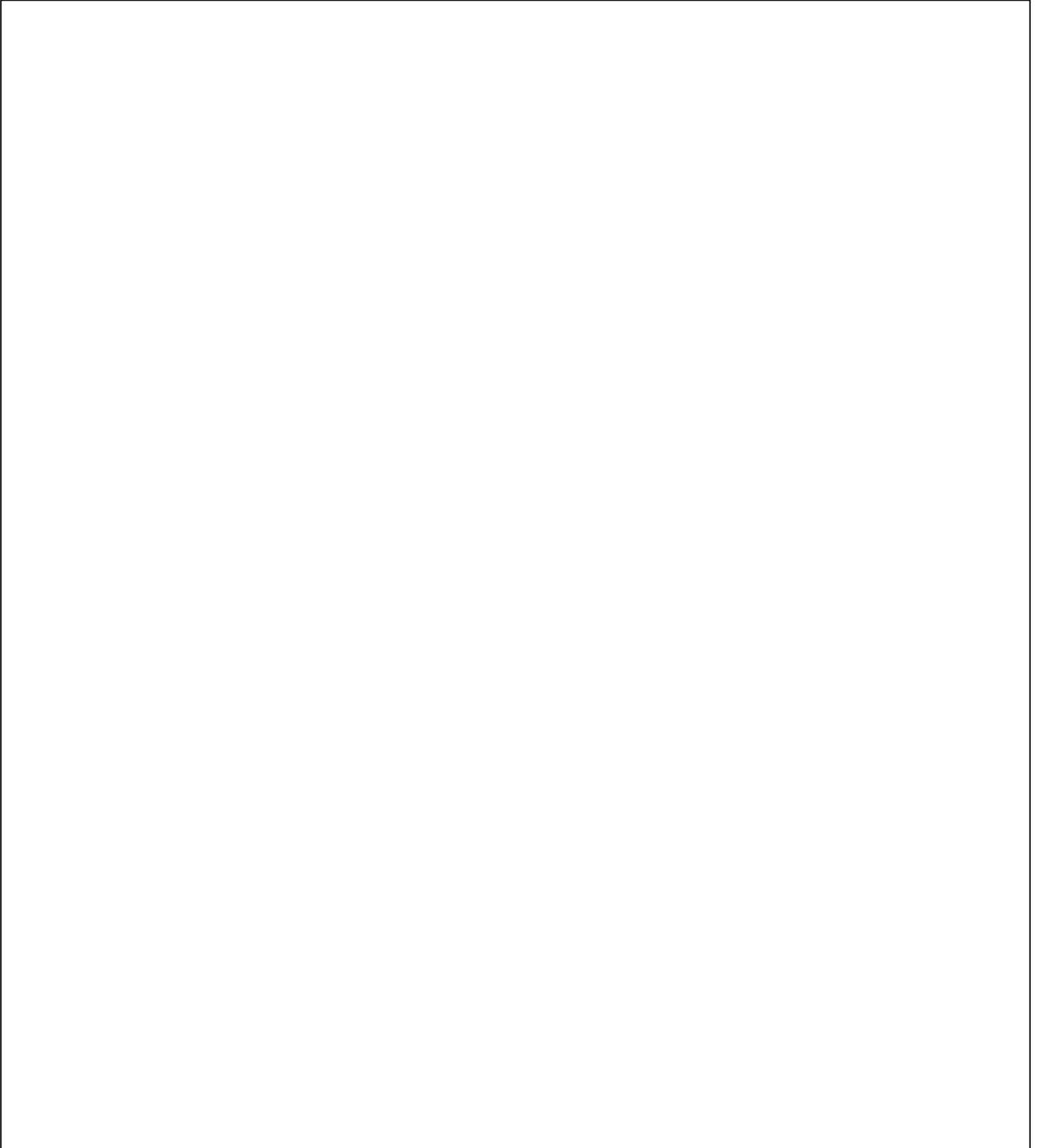
Date application was received complete: _____ Permit #: _____
Permit Fee: _____ Office of Building Official: _____

See back for LOCATION PLAN

LOCATION PLAN

Indicate where the pool and enclosure will be situated in relation to building, fences, lot lines

Note: Minimum Setbacks: 1.5m (5 feet) from septic tank and 5m (16'-4") from tile bed

A large, empty rectangular box with a thin black border, intended for the user to draw the location plan for the pool and enclosure. The box is currently blank.