



# Municipality of Trent Hills

## Application for a Pool Permit

Applicant Name:
Phone Number:
Civic Address:
Mailing Address:

Tax Roll Number:
Lot Description:

Above Ground		Inground	
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Contractor Name:
Contractor Address:
Contractor Phone Number

Description of Work:

### Information needed before processing application

<input type="checkbox"/>	Site Plan (showing set backs - location of pool - decking)
<input type="checkbox"/>	Pool description (dimensions - material)
<input type="checkbox"/>	Pump/Filter (location - make - model)
<input type="checkbox"/>	Proximity of any existing structures (buildings - decks - septic)
<input type="checkbox"/>	Fencing (material, height)

Print Name: _____
Signature: _____ Date: _____

Office Use Only	
Staff Signature: _____	Date Received: _____