Permit No. _ _____
Date _____

JACKSON TOWNSHIP
513 PIKE ROAD
JOHNSTOWN, PA 15909
(814- 749-0725)
FAX: (814) 749-9390

PRIVATE IN-GROUND
SWIMMING POOL

LOCATION ADDRESS OF POOL:_____

PROPERTY OWNER NAME: _____
Address: _____
Phone: _____
Cell Phone: _____
Email: _____

CONTRACTOR NAME: _____
Address: _____
Phone: _____
Cell Phone: _____
Email: _____

SIGNATURE OF APPLICANT: _____

WORKERS COMPENSATION INFORMATION MUST BE ATTACHED TO APPLICATION.

SWIMMING POOL
SIZE OF POOL: _____ DEPTH OF POOL:_____ _

COST OF POOL AND INSTALLATION:_____
_____
DESCRIPTION OF REQUIRED FOUR (4) FOOT ENCLOSURE: _____
_____
_____
_____
ATTACH A SKETCH PLAN SHOWING LOCATION OF POOL. INDICATE SETBACKS OF THE FOUR (4) FOOT ENCLOSURE AND THE POOL FROM ALL PROPERTY LINES.

Fee: $75.00

SITE PLAN (DRAWN TO SCALE)

- SHOW EXACT SIZE AND SHAPE OF LOT WITH DIMENSIONS
- EXACT SIZE AND LOCATION OF EXISTING STRUCTURE(S) WITH DIMENSIONS STATED
- SHOW EXACT LOCATION OF PROPOSED POOL, WALKWAY, DECKING, AND ALL APPURTENANCES ON THE PREMISES WITH DIMENSIONS STATED AND DISTANCES FROM ALL PROPERTY LINES
- SHOW EXACT LOCATION OF REQUIRED SIX FOOT ENCLOSURE. INDICATE STREETS, ALLEYS, EASEMENTS, PUBLIC RIGHT OF WAYS, AND ETC.

CERTIFICATION

I HEREBY CERTIFY THAT I AM THE OWNER OF RECORD OF THE NAMED PROPERTY, OR THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF THE RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT AND I AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION. IN ADDITION, IF A PERMIT FOR WORK DESCRIBED IN THIS APPLICATION IS ISSUED. I CERTIFY THAT THE ZONING OFFICIAL OR ZONING OFFICIAL'S AUTHORIZED REPRESENTATIVE SHALL HAVE THE AUTHORITY TO ENTER AREAS COVERED BY SUCH PERMIT AT ANY TIME REASONABLE HOUR TO ENFORCE THE PROVISIONS OF THE CODE(S) APPLICABLE TO SUCH PERMIT.

NAME:_____ SIGNATURE:_____

ADDRESS_____ PHONE NO. _____

DO NOT WRITE BELOW THIS LINE
FOR TOWNSHIP USE ONLY

Permit Approved_____ _____
(Zoning Officer) (Date)

Permit Refused_____ _____
(Zoning Officer) (Date)

Reason for Refusal_____ _____
_____

_____

This permit shall expire ninety (90) days from the date of issuance if the work described in the permit is not begun. If the work has begun, the permit shall expire after two (2) years from the date of issuance thereof.

Review Fee	_____	
Permit Fee	_____	
Use & Occupancy Fee	_____	
Total Fee	_____	Date Paid _____

Fee: $75.00