



Application for Swimming Pool Enclosure Permit

Date Received:	Permit No.
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A. Location of Proposed Swimming Pool

Street Address:	Unit#	Lot/Con
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B. Owner Information

Applicant is: Owner Authorized Agent

Last Name:	First Name:	Company:
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Street Address:

Town:	Postal Code:	Prov.	E-mail:
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Phone No:	Fax No:	Cell No:
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C. Applicant/Contractor Information

Last Name:	First Name:	Company:
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Street Address:

Town:	Postal Code:	Prov.	E-mail:
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Phone No:	Fax No:	Cell No:
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D. Type of Swimming Pool

Above Ground In-ground Inflatable Hot Tub Swim Spa Whirlpool

Estimated Construction Cost: \$

E. Type of Enclosure

Chain Link Board-on-board Surround Deck Wrought Iron Other

Comments: _____

F. Declaration of Applicant

I _____ **certify that:**
(print name)

1. The information contained in this application, attached schedules, attached plans and specifications and other attached documentation is true to the best of my knowledge;
2. I have the authority to bind the corporation/partnership (if the owner or applicant is a corporation or partnership)
3. Personal information is being collected under the authority of the Municipal Act, 2001, as amended, for the purposes of the administration of this pool permit. Questions regarding the collection of personal information should be directed to the Manager, By-law Enforcement Services, Town of East Gwillimbury, 19000 Leslie Street, Sharon, ON L0G 1V0; Telephone (905) 478-4282; Fax (905) 478-2808.

Signature: _____ **Date:** _____

G. Application Requirements – Office Use

Permit Application <input type="checkbox"/>	Road Occupancy Permit <input type="checkbox"/>
Site Plan <input type="checkbox"/>	Application Fee <input type="checkbox"/>
LSRCA Approval (If Required) <input type="checkbox"/>	Other <input type="checkbox"/> _____
ORM Approval <input type="checkbox"/>	

H. Fees – Office Use

1. Pool Permit Fee <input type="checkbox"/>	
2. Pool Permit Deposit <input type="checkbox"/>	
3. Septic Review Fee <input type="checkbox"/>	Permit Total \$ _____
4. Road Occupancy Fee <input type="checkbox"/>	
5. Lot Grading Review <input type="checkbox"/>	
6. Other \$ _____	Return Deposit to: _____

I. Authorization – Office Use

Approved by: _____ **Date of Final Inspection:** _____

Date: _____