



Building Permit Application For Pool Installation

Owner's Name:		Phone:	
Mailing Address:			
Contractor's Name:			
Contractor's Name:		Phone:	
Lot:	Con:	Plan #:	Part:
Road/Street:			
On the		side between	
Value of Construction:			
Size/Diameter of Pool:		Height of Pool:	

Above Ground <input type="checkbox"/>	In-Ground <input type="checkbox"/>	On-Ground <input type="checkbox"/>
Location: Side yard <input type="checkbox"/>	Distance from:	Rear yard _____
Rear Yard <input type="checkbox"/>		Side yard _____
		Tile bed _____
		Septic tank _____
Surface Drainage:		Soil Type:

All of the statements and representation contained in the attached documents filed in support of this application shall be deemed part of this application for all purposes. Sufficient information shall be submitted with each application to enable the Chief Building Official to determine whether or not the proposed work will conform with the *Building Code Act* and regulations thereunder and any other applicable law.

I, the undersigned, _____ am the authorized owner/agent of owner named in the above application and I certify the truth of all the statements or representations contained therein. I have read and understand the Pool By-law and its requirements.

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 thereunder, 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 plans, specifications or building locations proposed in the above application is prohibited and such 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 thereunder, there shall be no right of claim whatsoever against the Municipal Corporation or any official thereof and any such claim is hereby expressly waived.

_____, Ontario _____ 20____

Signature of Owner or Authorized Agent

Witness _____
Employee, Office of Building Inspector

Personal information contained on this form collected pursuant to the Building Code Act, will be used for the purpose of that Act. Questions should be directed to the Freedom of Information and Privacy Coordinator at the Institution conducting the procedures.