

**BUILDING PERMIT APPLICATION FACT SHEET****Private Above Ground/ In-ground Swimming Pool, Spa, and Hot Tub Construction**

(Any structure that contains water 24" or more in design depth)

PROPERTY OWNER INFORMATION

Name: _____

Phone No.: _____

Address: _____

Email Address: _____

CONTRACTOR INFORMATION

Name: _____

Phone No.: _____

Address: _____

Email Address: _____

I. Complete the diagram. Show setback lines for existing structures, location of pool, walkways and/or decks from property lines.**Rear Property Line****Side Property Line****Side Property Line****Front Property Line**

NOTE: If necessary, use additional paper for clarity and attach to application.

NOTE: A barrier (fence, wall or combination) that completely surrounds the pool and obstructs access must be installed if the water depth is over 24".

II. Above-Ground Pool, Spa, Hot Tub:

1. Size: Diameter: _____ OR Length _____ X Width _____
2. Pool Wall Height: _____ Water Depth: _____
3. Perimeter Fence (if required) Type: _____ Height (48" minimum): _____
4. Self-Locking/ Closing Gate: Yes No

III. In-ground (An attached plan must show pool location, walkways, pool equipment):

1. Size: Diameter: _____ OR Length _____ X Width _____
2. Maximum Water Depth: _____ 3. Diving Board: Yes No
4. Will there be any overhead electric wire directly above the pool or within 18 ft. of the water surface:
Yes No
5. Perimeter Fence (if required) Type: _____ Height (48" minimum): _____
6. Self-Locking/ Closing Gate: Yes No

*All in-ground pools require a bonding and final electrical inspection through the Borough of Emmaus.
All above ground pools require a final electrical inspection through the Borough of Emmaus. All inspection fees are included in the permit fee.*

I CERTIFY THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT. IF ANY INFORMATION IS FOUND TO BE FALSE OR INCORRECT THE PERMIT WILL BECOME NULL AND VOID.

APPLICANT SIGNATURE**APPLICANT PRINT****DATE****FOR OFFICIAL USE ONLY**

Permit No.: _____

Zoning District: _____

Inspection Date: _____

DATE STAMP **APPROVED****CODE ENFORCEMENT/ ZONING OFFICER SIGNATURE****DATE** **DISAPPROVED**