

**RICHLAND TOWNSHIP
322 SCHOOLHOUSE ROAD
JOHNSTOWN, PA 15904
(814) 266-2922 EXT. 221
FAX (814) 266-2024**

APPLICATION FOR PRIVATE SWIMMING POOL

Date: _____ Date Received: _____

Property Owner : _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Alternate Phone: _____

Applicant Name: _____

Applicant Address: _____ City _____ State _____ Zip _____

Applicant Phone: _____ Alternate Phone: _____

Work Location/Site Address: _____

Contractor: _____ Phone: _____

Contractor's Address: _____

City _____ State _____ Zip _____

Richland Twp Contractor's License # _____ PA Contractor's License # _____

Workers Compensation Company: _____

Policy No: _____

Liability Insurance Company: _____

Policy No: _____

Pool Information

_____ Above Ground _____ In Ground _____ Other (Explain _____)

Size: _____ Depth: _____

Description Of Required Six (6) Foot Enclosure: _____

APPLICATION FOR PRIVATE SWIMMING POOL

SITE PLAN (DRAWN TO SCALE)

- ___ Height Of Pool & Fence W/ Information On Any Gate To Pool Or Folding Steps
- ___ 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, And Decking 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, Etc.
- ___ Information On Electrical Installation (I.E. How It Is Grounded, Etc.)

Pool Construction Cost: _____
 Decking Cost (If Applicable): _____
 Total Cost of Job: _____

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 CODE OFFICIAL OR CODE 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.

Signature Of Applicant: _____ Date: _____

This Box For Office Use Only:

Review: \$ _____
 Inspections: \$ _____
 PA UCC: \$ 4.50
 Total: \$ _____

PERMIT# _____

 Richland Township Zoning Officer
 Date: _____

Reason If Denied: _____

COMMENTS: _____