

## PROCEDURE FOR OBTAINING A SWIMMING POOL PERMIT

1. Fully complete the application for your permit making sure to date and sign it and return it along with the required application fee. The applicant for a permit may be the owner or owner's agent. (Please note that although the application fee is non-refundable, it will be applied toward the total cost of your permit(s), with the balance due at pick-up.)
2. For residential applications, the Building Inspector has a **3-week** period to review and approve or deny your permit application. For non-residential (commercial), **6 weeks** is allotted. Make sure there are daytime and evening telephone numbers for the Building Inspector to reach you should there be any questions about your application.
3. After the application has been approved, the applicant will be contacted when the permit is ready to be picked up and informed of the balance due. At pick up you will be asked to sign all copies of the permit; pay the balance of the permit fee and you will be given a check list with the inspection requirements for your project.
4. Permits are valid for one (1) year from date of issuance. The building official is authorized to grant, in writing, one or more extensions of time, for periods not more than 180 days each. The extension shall be requested in writing and justifiable cause demonstrated. An additional fee will apply.
5. If you have any questions concerning your application, please contact Kraft Code Services at 610.775.7185. If no one is available when you call, please state that the municipality your call pertains to and leave a detailed message.
6. PLEASE NOTE: No construction can begin without paying for and receiving your approved permit. Performing work without a permit will result in the doubling of all permit fees.

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The following information should be included with your permit application:

- ☐ **Application fee. (*Applications received without the required application fee will be considered incomplete and will not be processed.*) \$50 for Residential, \$150 for Commercial – Payable to Municipality**
- ☐ Fully completed Swimming Pool permit application
- ☐ Fully completed Zoning permit application
- ☐ Fully completed Electrical permit application (if required)
- ☐ Fully completed Fence permit application (if required)
- ☐ (2) sets of construction drawings including the following:
  - ☐ Plot plan showing
    - All lot lines and dimensions from edge or water to front, side & rear property lines
    - Existing and proposed structures
    - Streets (public/private)
    - Well, septic system; tank; drain field
    - Location of easement or right-of-way
    - Location of all pool equipment (filter, decks, walkways, sliding boards, etc.)
  - ☐ Plans showing dimensions of structure(s)
  - ☐ Pool specifications
- ☐ Proof of contractor workers' compensation insurance or notarized exemption form

## SWIMMING POOL ZONING/BUILDING PERMIT APPLICATION

Municipality in which work will be performed: \_\_\_\_\_

### PROPERTY INFORMATION

Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

### CONTRACTOR INFORMATION

Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

### IMPROVEMENT INFORMATION:

Location of pool: \_\_\_\_\_

Cost of improvement: \_\_\_\_\_

Type:

☐ Inground (fence permit required):

Size: Length \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_ Diving board? ☐ Yes ☐ No

Inground pool deck size: \_\_\_\_\_ square feet

☐ Above Ground:

Height above grade of pool wall \_\_\_\_\_"

Diameter: \_\_\_\_\_'

Will above-ground pool have deck for access? ☐ Yes ☐ No (If yes, provide deck permit application and drawings)

☐ Storable Pool/Hot Tub/Spa: Make: \_\_\_\_\_ Model: \_\_\_\_\_

Will a pool heater be installed? ☐ Yes ☐ No If yes, what type? ☐ Electric ☐ Gas/Propane ☐ Solar

By applying for this permit, I acknowledge that all information provided in this application is complete and accurate, that the work performed will be in conformance with the Pennsylvania Uniform Construction Code and/or any applicable ordinances of the municipality in which the work is to be performed as well as in accordance with the approved plan after a plan review has been completed. I understand that this is not a permit to begin work, but only an application for a permit and that work is not to start without a permit and that the fees for the permit may be doubled if work starts without a permit. I understand that if I give false information regarding this permit application that any permits issued based on this information will be invalid and the municipality could initiate legal proceedings against me, which could result in my being fined or imprisoned, or in the improvement being removed at my expense or any other legal remedy appropriate under the circumstances.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

## ELECTRICAL PERMIT APPLICATION

Municipality in which work will be performed: \_\_\_\_\_

### PROPERTY INFORMATION

Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

### CONTRACTOR INFORMATION

Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

### IMPROVEMENT INFORMATION:

Location: \_\_\_\_\_ Cost of improvement: \_\_\_\_\_

Service feeder/distribution panel: ☐ New ☐ Existing Size: \_\_\_\_\_ Amps

Brief description of work: \_\_\_\_\_

### EQUIPMENT IDENTIFICATION

Does a permanent electric supply to the pool or filter already exist? ☐ Yes ☐ No If no, please complete the following information: Will underground wiring be GFCI protected? ☐ Yes ☐ No

If yes, how is protection achieved? ☐ GFI Circuit Breaker ☐ GFI Receptacle

Trench depth: \_\_\_\_\_ in. Conduit size (if applicable) \_\_\_\_\_ in. Wire type: \_\_\_\_\_ Wire size: \_\_\_\_\_

No. of circuits: \_\_\_\_\_ Size of breakers: \_\_\_\_\_ amp

Will there be overhead electric wires directly above the pool or within 18' of the water surface? ☐ Yes ☐ No

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Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

## FENCE ZONING/BUILDING PERMIT APPLICATION

Municipality in which work will be performed: \_\_\_\_\_

### PROPERTY INFORMATION

Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

### CONTRACTOR INFORMATION

Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

### IMPROVEMENT INFORMATION:

Cost of improvement: \_\_\_\_\_

Location (address) of fence: \_\_\_\_\_

Fence Type: \_\_\_\_\_

Height: \_\_\_\_\_ Length: \_\_\_\_\_

Is the purpose of the fence to protect a swimming pool? ☐ Yes ☐ No

Is the purpose of the fence to provide a buffer or secure an area for industrial or commercial use? ☐ Yes ☐ No

Please review the attached checklist for information that must be included with this permit application.

By applying for this permit, I acknowledge that all information provided in this application is complete and accurate, that the work performed will be in conformance with the Pennsylvania Uniform Construction Code and/or any applicable ordinances of the municipality in which the work is to be performed as well as in accordance with the approved plan after a plan review has been completed. I understand that this is not a permit to begin work, but only an application for a permit and that work is not to start without a permit and that the fees for the permit may be doubled if work starts without a permit. I understand that if I give false information regarding this permit application that any permits issued based on this information will be invalid and the municipality could initiate legal proceedings against me, which could result in my being fined or imprisoned, or in the improvement being removed at my expense or any other legal remedy appropriate under the circumstances.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

# CERTIFICATION FOR WETLANDS / BURIED SOLID WASTE

## WETLANDS

I hereby certify that I am fully aware of, and acknowledge that construction on or use of any property may be significantly restricted or totally prohibited by Federal Law. Lands that are identified as "wetlands" by the United States Army Corps of Engineers cannot be used unless and until a permit is issued by the Corps. Before commencing subdivision, construction or any other improvement of any land, the owner or his/her agent should contact either the Corps of Engineers or a qualified professional to determine whether or not said land could be considered either in whole or in part a "wetland." The Corps has the authority to require the removal of any improvement placed within a "wetland" by the owner of such land regardless of the cost of the removal or other effect upon the landowner.

No agent or employee of the municipality in which this work will be performed has made any effort to determine whether or not all or a portion of said land constitutes a "wetland." The granting of a building permit, occupancy permit, onsite sewage disposal permit, or subdivision approval by the municipality DOES NOT in any way imply that the land does NOT constitute a "wetland," or that a permit has been issued by the Corps to place an improvement upon the land, or that it is not necessary to determine if any portion of the land constitutes a "wetland." Any person who proceeds with subdivision, construction, or the placing of any improvement upon land without prior Corps review and/or approval does so AT HIS OWN RISK WITHOUT ANY RESPONSIBILITY ON THE PART OF THIS MUNICIPALITY, ITS AGENTS OR EMPLOYEES!

## BURIED SOLID WASTE

I hereby certify that I have not buried any solid waste on the property of this application. I acknowledge that the Commonwealth of Pennsylvania Solid Waste Management Act specifically prohibits the disposal of solid waste except at legally permitted landfills.

I understand that violation of this act may result in prosecution by appropriate agencies of the Commonwealth.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of applicant (please print): \_\_\_\_\_

**PENNSYLVANIA WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION FORM**

Please complete all applicable sections of this form paying special attention to the documentation requirements listed in each section. The building and/or zoning permit that you are requesting will not be issued until this form is completed properly.

**1. Are you the homeowner/property owner** performing the work (as requested in this application) yourself?

- ☐ No - go to question #2
- ☐ Yes - read this exemption statement, sign to indicate your understanding and submit this form with your application  
"Homeowner swears/affirms that he/she will be performing all work on this project and no outside contractors will be employed on this project."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2. Are you the homeowner/property owner** who has hired a contractor to perform the work (as requested in this application)?

- ☐ No - go to question #3
- ☐ Yes - please have your contractor complete Sections A & B

**3. Are you the contractor** hired by the homeowner/property owner to perform the work as requested in this application)?

- ☐ Yes - complete Section A & B
- ☐ No - please explain: \_\_\_\_\_

**A. Name of Company** \_\_\_\_\_

Contact person \_\_\_\_\_ Phone # \_\_\_\_\_

Address of company \_\_\_\_\_

Federal or State Employee Identification # \_\_\_\_\_

Please select one of the following options:

- ☐ Applicant is a qualified self-insurer for workers' compensation  
✓ Please attach a copy of the insurance certificate listing the municipality in which the work will be performed as a certificate holder
- ☐ Applicant carries workers' compensation coverage with an insurance company  
✓ Please attach a copy of the insurance certificate listing the municipality in which the work will be performed as a certificate holder
- ☐ Applicant is exempt from providing workers' compensation insurance because:
- ☐ The contractor is a sole proprietorship without employees (The contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the municipality.)
- ☐ All of the contractor's employees on the project claim an exemption based on religious grounds as defined in Section 304.2 of the Workers' Compensation Act.

**Note: If you are requesting an exemption from the Workers' Compensation Act requirements, you must sign in Section B in front of a notary public.**

Will you be using any subcontractor(s) on this project? ☐ No ☐ Yes (if yes, all subcontractors must present proof of insurance as required under the Pennsylvania Workers' Compensation Act.)

**B. My signature as the contractor indicates my understanding of the requirements to provide proof of Workers' Compensation insurance as needed and verifies that all statements made above are true. I understand that if I am a contractor requesting an exemption under the Workers' Compensation Act that I must sign this form in front of a notary public.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

**NOTARIZATION REQUIRED FOR CONTRACTORS REQUESTING EXEMPTION FROM PROVIDING WORKERS COMPENSATION INSURANCE**

County \_\_\_\_\_ Municipality of \_\_\_\_\_

My commission expires: \_\_\_\_\_ Subscribed and sworn to before me this-  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

SEAL \_\_\_\_\_