



Application for Swimming Pool Enclosure Permit

Office Use Only					
Application No.			Roll No.		
Date Received			Commencement Date		
Project Information (to be completed by applicant)					
Building Number, Street Name					Unit No.
Municipality		Plan Number/Other Description			
Construction Entrance From					
<input type="checkbox"/> Street Above					
<input type="checkbox"/> Other Street					
<input type="checkbox"/> Adjacent Property					
Applicant Applicant is <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized Agent of Owner					
Last Name		First Name		Corporation or Partnership	
Street Address					Unit No.
Municipality		Province	Postal Code	Email Address	
Telephone No.		Fax No.		Cellular No.	
Owner (if different from applicant)					
Last Name		First Name		Corporation or Partnership	
Street Address					Unit No.
Municipality		Province	Postal Code	Email Address	
Telephone No.		Fax No.		Cellular No.	
Submittals					
<input type="checkbox"/> \$150 Permit Fee (A/C 1429)		<input type="checkbox"/> \$500 Entrance Damage Deposit(A/C4466) (Excavation/Construction Equipment)			
<input type="checkbox"/> Pool Enclosure Details					



Application for Swimming Pool Enclosure Permit

I hereby authorize the City of Pickering, and any agent or employee of it, to inspect the proposed location for the pool enclosure at all reasonable times, both prior to any permit being issued, and afterwards, for the purpose of enforcing the By-law 6943/09 as amended.

Applicant's Name _____

Date _____

Signature: _____

Office Use Only

Easements

Applicant Notified Contact _____ N/A Date _____

Tree Preservation Zone; Undisturbed Area; Open Space Zoning (OS-HL)

Applicant Notified Contact _____ N/A Date _____

Subdivision Lots – where extenuating grading issues occur at time of installation of the pool

Consultant Notified Contact _____ N/A Date _____

Letter of approval from Consultant may be required to verify that pool installation will not affect proposed grading of this and/or adjacent lots.

Required N/A Date Received _____

Applicant notified if repairs are required Date Notified _____

Refund of deposit acceptable Date Refunded _____

Personal information contained on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act* and will be used for the purpose of responding to your request. Questions about this collection should be directed to the City Clerk, One The Esplanade, Pickering, ON L1V 6K7, 905.420.4611.