

Please include the following along with the application

____ Contract ____ Plot Plan

____ Workers Comp & Cert of Liability



Application for Pool Permit

Permit Questions: 610-566-7044 Option 2 or permits@rlinn.com

| | | | |
|--|--|-------------------------------|--|
| Municipality | | | |
| Address | | City | |
| Unit # | | Type | |
| Owner | | Phone | |
| Primary Contact | | Email | |
| Contractor | | Phone | |
| Primary Contact | | Email | |
| Above Ground Pool/Spa Checklist(See in ground barrier requirements if pool is <48" high.) | | | |
| Removable/lockable ladder | | | |
| ASTM F 1346 listed locking spa cover | | | |
| Spa disconnect within sight, but 5' min. from spa/hot tub. | | | |
| Inground pool barrier checklist | | | |
| ASTM F 1346 listed automatic pool cover (No other barrier required, if provided) | | | |
| Min. 48" high, max 2-4" above concrete or grade, no hand/footholds >1.75" | | | |
| Pedestrian gates self closing and latching, non-pedestrian gates lockable. | | | |
| Latches on pool side 3" below top of barrier, non-pool side 54" min. high. | | | |
| Barrier 3' from any objects that would assist climbing over the barrier. | | | |
| Flexible portions of barrier properly restrained. | | | |
| Alarms for openings in dwelling/structure providing access around barrier | | | |
| Requirements for in ground pools | | | |
| Suction entrapment avoidance compliant with APSP7 | | | |
| 1 return per 300 ft ² , 1 skimmer per 800 ft ² and max return/suction velocity 8 fps | | | |
| Covers and time switch controls for heated pools | | | |
| Bonding inspection required prior to pour | | | |
| Disconnects within sight, but 5' min. from pool | | | |
| Requirements for all pools | | | |
| No overhead power lines within 10' of pool edges | | | |
| GFCI receptacle min. 6' and max 20' from the pool | | | |
| Pump with time switch controls capable of max 12 hour turnover rate | | | |
| Description of Work | | | |
| | | | |
| Cost of Job | | Square Footage of Pool | |

| | | | |
|--------------------------------------|--|------------------|--------|
| Applicant Signature | | Date | |
| Municipal/3rd Party Approvals | | Total Fee | +4.50= |

Zoning Approval _____