



# Delaware County Pool Permit Application

Building Commissioner

Phone (765)747-7799

Permit #

Date Issued:

Please Print

Application Date:	Sidwell #	Township:
Property Address:		
Property Owner:	Telephone:	
Email Address:	Zoning:	Flood Zone:

## Pool Information

Dimensions: _____	<input type="radio"/> Above ground Pool
Estimated Cost: \$ _____	<input type="radio"/> In-ground Pool

## County Safety Requirements

(PLEASE CHECK ONE)

- Walls or Fencing (not less than 4' in height)
- Pool Safety Cover

## Contractor Information

Name:	Contact Person:	
Email Address:	Phone:	Reg #
Electrical Contractor:	Reg #	
Plumbing Contractor:	Reg #	

Applicant Signature:	Date:
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## FOR OFFICE USE ONLY

County Surveyor Drain Clearance Approval: (IN-GROUND ONLY)	Date:
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Building Commissioner Approval:	Date:
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Permit Fee:	Date Paid:	CH/CA/CC	Receipt#
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Inspection Remarks:	Date:

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OFFICE NOTES:	