

TOWN OF CAMBRIA POOL PERMIT APPLICATION:

RBP-20 -

Office use only

Jobsite Location:					Date: _	Date:		
Contractor/ Applicant:					Phone	Phone:		
Address:								
Email:								
Property Owner:					Phone:			
Address:								
Email:								
Pool Type: Above Ground (Fee-\$75.00) In Ground (Fee- \$125.00)								
Requirements before issuance of Permit:								
 Site/ Election Draw 	Survey of property showing placement: Site/ Drainage Plan: Electrical Permit in Place: Drawings and Plans: :MetalMasonry			Received Yes No Received Yes No Received Yes No Received Yes No Other				
	Rectangular		Round		lrre	Irregular		
	Depth: Dia		Diamet	ameter \		Vidth		
Heated:	YesNo	Pool Alarm: _	Yes _	No	Fence Plan:	_ Yes	_No	
Estimated Cost: \$								
Electrician Name: Email:								
Address:								
***PLEASE NOTE: AN ELECTRICAL INSPECTION MUST BE CONDUCTED BY A CERTIFIED ELECTRICAL INSPECTOR WITH A CERTIFICATE OF COMPLIANCE SENT TO OUR OFFICE.								
Applicant Signature:					Date: ₋	Date:		
Inspector Approval:					Date:			