## **VILLAGE OF CLEVES**

## DEPARTMENT OF BUILDING COMMISSIONER

## **APPLICATION FOR SWIMMING POOL**

PERMIT NO.\_\_\_\_\_

**APPLICANT** - Complete all applicable spaces on this form.

IDENTIFICATION	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE
OWNER						
CONTRACTOR						
PLANS BY						
	In-ground	Pool size (sq. ft.)			Pool Capacit	y (gallons)
	Above ground	Minimum depth			Approx. time	to change water (hrs.)
	Partial in-ground	Maximum depth			Pool cost	
Recirculating Pump:			Filter Type:	Make:		
	Model:		_	Model:		
Will there be a perman	nent fill spout fitting? \	With such a fitting a minimum 12" ai	r gap is required	when hose	e is used for m	nake-up water.
·						·
s there to be any wate	or cupply piping or dra	inage discharge piping other than fo	r recirculating po	ol water to	a tha filtar and	d back to pool?
s there to be any wate	er supply pipilig, or ura					a back to poor:
s the pool on property	with a septic tank?		Yes Yes		No	
*If answer to either one or I	both of the previous two que	estions is yes, then this form is to be taken to a				ounty Board of Health**
encing is required to	nrotect the nool area h	refore the pool is filled.				
		Fencing permit is attached	ed	Fencing will	be installed by	others
		ou understand your responsibilities a	is defined on this	permit ap	plication.	
=	mpleted before the po Electrical Work -	OI can be filled.  You must obtain a permit from the Inspection	on Bureau. Inc. (IBI). 2	50 W. Court S	Street. 381-6080.	for this work. There are
1.	Electrical Work -	certain inspections that must be made during specific information on their inspections.				
2.	Fencing -	The pool area must be fenced in or acc	ess denied in accor	dance with	the Village of 0	Cleves building code.
Owner:				Date:		
he Owner of the BUILDING	AND UNDERSIGNED, do her	eby covenant and agree to comply with all th	e laws of the STATE (	OF OHIO and	the resolutions o	f the VILLAGE OF CLEVES
ertaining to building and bu	uildings, and to construct the	proposed building or structure or make the p	roposed change or alt	teration in acc	cordance with the	e plans and specifications
ubilitted herewith, and cert	thy that the information and	statements given on this application, drawing	s and specifications a	re to the best	of their knowled	ge, true and correct.
Application by:				Date:		
	DO NO	T WRITE BELOW THIS LINE (FO	R OFFICE USE	ONLY)		
Zoning approved by:				Date:		
Plans approved by:				Date:		
Date Permit Issued:		Permit No.		mit & Inspection Fee: \$		
c			_ ' ' ' ' ' '	~spc		<u>T</u>