



# LINCOLN CHARTER TOWNSHIP

2055 West John Beers Road • P.O. Box 279 • Stevensville, MI 49127-0279 • (269) 429-1589 • FAX (269) 429-0880

## LINCOLN CHARTER TOWNSHIP APPLICATION FOR SWIMMING POOL PERMIT

DATE OF APPLICATION: \_\_\_\_/\_\_\_\_/\_\_\_\_ Tax code #11-12-\_\_\_\_\_

PROPERTY OWNERS \_\_\_\_\_

ADDRESS \_\_\_\_\_ Phone # \_\_\_\_\_

APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_ Phone # \_\_\_\_\_

BUILDER'S LICENSE # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

FEDERAL I.D. # \_\_\_\_\_ or reason not required: \_\_\_\_\_

WORKER'S COMP # \_\_\_\_\_ or reason not required: \_\_\_\_\_

M.E.S.C. # \_\_\_\_\_ or reason not required: \_\_\_\_\_

IN GROUND? \_\_\_\_\_ ABOVE GROUND? \_\_\_\_\_ SIZE: \_\_\_\_X\_\_\_\_ DEPTH: \_\_\_\_\_

GALLON CAPACITY: \_\_\_\_\_. TYPE & HEIGHT OF FENCE: \_\_\_\_\_

### **POOL MUST BE ENCLOSED BY A FENCE A MINIMUM OF 48" HIGH**

#### LOCATION OF POOL:

Include sketch on back of application or on separate sheet, indicating the distance from all lot lines, septic system and well. Also indicate location of any overhead electrical wires.

ESTIMATED COST, INSTALLED: \$ \_\_\_\_\_

**Construction shall be completed in six (6) months from date permit is issued and if not so completed, the permit shall thereafter be deemed null and void. Electrical Permit is required.**

All work shall be installed in accordance with current building codes and shall not be covered up or put into operation until it has been inspected and approved by the building inspector.

**I will cooperate with the DBS and assume the responsibility to arrange for necessary inspections. #1 inspection – setbacks before backfill. #2 inspection – final after work is completed.**

**Requires Certificate of Occupancy before being occupied! Please call 24 hours in advance for inspections.**

**I UNDERSTAND AND AGREE, BY SIGNING THIS DOCUMENT I AM RESPONSIBLE FOR ENSURING THAT ANY IMPROVEMENTS TO THE PROPERTY ARE IN COMPLIANCE WITH ALL HOMEOWNER OR SUBDIVISION ASSOCIATION RESTRICTIONS.**

Signature of Application \_\_\_\_\_

Reviewed by \_\_\_\_\_ Issued by \_\_\_\_\_