Residential Structure Permit Application Improvement Location Permit and Building Permit Residential Swimming Pools Fayette County Area Plan Commission 111 West 4<sup>th</sup> Street Connersville, IN 47331 765-825-9808 (F) 765-827-4352

## This application must be **COMPLETE** for the Area Plan Commission Office to issue this permit.

## **Section 1: General Provisions (APPLICANT\*** to read and sign)

\*For the purposes of this permit the applicant is the owner of the property.

- 1. No work of any kind may start until a permit is issued.
- 2. No work of any kind may start until 811 DIG has been on site to mark any underground utilities.
- 3. The permit may be revoked if any false statements are made herein.
- 4. If revoked, all work must cease until permit is reissued.
- 5. Development shall not be used or occupied until a Certificate of Occupancy is issued.
- 6. The permit will expire if no work is commenced within six months of issuance.
- 7. Applicant is hereby informed that other permits may be required to fulfill local, state, and federal regulatory requirements.
- 8. Applicant hereby gives consent to the Fayette County Area Plan Commission Staff to make reasonable inspections required to verify compliance.
- 9. The property owner is ultimately responsible for ensuring that all required inspections are scheduled and made.
- 10. All inspections must be made at least 24 hours in advance.
- 11. No Certificate of Occupancy will be issued unless all construction work passes all required inspections.

PROPERTY OWNER'S NAME \_\_\_\_\_\_ DATE: \_\_\_\_\_

12. THE APPLICANT, CERTIFY THAT ALL STATEMENTS HERIN AND IN ATTACHMENTS TO THIS APPLICATION ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND ACCURATE AND THAT THE APPLICANT UNDERSTANDS ALL CONDITIONS UNDER WHICH THIS PERMIT IS ISSUED.

PROPERTY OWNER'S SIGNATURE	DATE:
APPLICANTS NAME (owner's agent)	DATE:
APPLICANTS SIGNATURE (owner's agent)	DATE:
Section 2: Required Inspections  1. Zoning/setbacks: prior to excavation 2. Framing/bonding: inground pools 3. Pump electrical supply: burial depth 4. Final: includes 5' above grade protection	
Section 3: PROPERTY OWNER AND PROPERTY INFORMATION Property owner's legal address Property owner's phone number Project address Parcel number Legal description Parcel size	
Township Name: Section: Township: Zoning District:	Range:
Section 4: CONTRACTOR INFORMATION  Real Company Name:	
Pool Company Name:Address:	
Contact Information Phone Number:Mobile Phone Number: Email:	Fax:

## Residential Structure Permit Application Improvement Location Permit and Building Permit Residential Swimming Pools

Fayette County Area Plan Commission 111 West 4<sup>th</sup> Street Connersville, IN 47331 765-825-9808 (F) 765-827-4352

Contact Information				
Phone Number:	Mobile Phone Number:	_ Fax:		
Email:	_			
<b>Electrical Contractor Name:</b>				
Address:				
Contact Information				
Phone Number: Email:	Mobile Phone Number:	_ Fax:		
	_			
Concrete Contractor Name:				
Address: Contact Information		<del></del>		
	Mobile Phone Number:	Fax:		
Email:		<del></del>		
E				
Address:				
Contact Information				
	Mobile Phone Number:	_ Fax:		
Email:	_			
Section 5: Proposed Development (T	o be completed by <b>APPLICANT</b> )			
-	<del>-</del>			
Proposed Use: in ground pool / above ground pool (new) / above ground pool (used)				
Pool dimensions:	<del></del>			
Depth of pool (in ground pool):				
Height of pool walls (above ground pool):				
Method used to provide Indiana Swimming Pool Code 5 foot above grade protection requirement:				
Cost of materials:				
Section 6: Documentation (To be com	npleted by APPLICANT)			
		a		
Applicant is responsible for providing	g the following information for the Area Plan	Commission Office to issue this permit		
<b>1. Site plan</b> : must show the location of location of overhead wires.	existing buildings, decks, privacy fence (existing	g of proposed), location of swimming pool and		
Documentation provided YES	NO			
2. A set of pool plans.				
Documentation provided YES	NO			
3. Is the parcel located in a 100 year floodplain? (If yes, a flood plain development permit is required.)				
YES NO				

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Property Owner			
Name	Signature	Date	
Property Owner's Agent			
Name	Signature	 Date	
Area Plan Commission Staff			
Name		 Date	