

**ASSOCIATED APPLICATIONS**

\_\_\_\_ Permit # \_\_\_\_\_  
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**BOROUGH OF MACUNGIE**

21 Locust Street  
Macungie, PA 18062  
610-966-2503

**POOL PERMIT**

PERMIT #: POOL- \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

**PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY**

DATE RECEIVED: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ APPLICATION DATE: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_ FAX/CELL: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

APPLICANT NAME AND SIGNATURE: \_\_\_\_\_

IF THIS APPLICATION IS NOT BY THE PROPERTY OWNER, THEN BY WHAT AUTHORITY: \_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

CONTRACTOR ADDRESS: \_\_\_\_\_ FAX/CELL: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROPERTY OWNER NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_ FAX/CELL: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Pool Information**

PA ONE Call #: \_\_\_\_\_ Date: \_\_\_\_\_

**COST OF PROPOSED WORK:**  
\$ \_\_\_\_\_

**Pool Classification**

- Private (Single Family Residential Only)
- Public (Includes All Commercial Uses) —Building and Plumbing Permits Required

**Pool Type**

- Above Ground
- In Ground
- Spa

**Enclosures/Protections**

- Existing  Proposed
- Type of Fence Material: \_\_\_\_\_

Size/Description of Fence Pattern Openings: \_\_\_\_\_

- 4' Fence Around Pool
- 4' Fence Around Yard
- 4' Pool Wall Above Grade
- Lockable Pool Cover Between Uses
- Alarm
- Self-Closing, Self-Latching Gates with latch minimum 48" above grade

**Pool Dimensions**

Length: \_\_\_\_\_

Width: \_\_\_\_\_

Depth: \_\_\_\_\_

Capacity: \_\_\_\_\_ gal

**Pool Setbacks:**

Front: \_\_\_\_\_

Rear: \_\_\_\_\_

Right: \_\_\_\_\_

Left: \_\_\_\_\_

**Miscellaneous**

- No Pool Deck
- Pool Deck
- No Pool Walkway
- Pool Walkway

Walkway Width: \_\_\_\_\_

- Diving Board
- Slide

**Pool Heater**

(Building Permit Required)

- No
- Yes  LPG  Natural Gas

**Electrical Information**

**Overhead/Underground Wires**

- |                                      |                                  |
|--------------------------------------|----------------------------------|
| <b>TYPE</b>                          | <b>DISTANCE FROM POOL</b>        |
| <input type="checkbox"/> Overhead    | Vertical _____ Horizontal: _____ |
| <input type="checkbox"/> Underground | Horizontal: _____                |

**Receptacles**

- GFCI Receptacle Distance from Pool: \_\_\_\_\_
- Non-GFCI Receptacle Distance from Pool: \_\_\_\_\_

**Underwater Lights**

- No
- Yes

**APPROVAL:**

	REVIEWER	DATE	NA	APPROVAL	DATE	DENIAL	DATES
ZONING	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
BUILDING	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
ELECTRIC	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
PLUMBING	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

**FEES:**

- Pool: \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL \$ \_\_\_\_\_

- BUSINESS PRIVILEGE LICENSE
- WORKER'S COMPENSATION
- NOTARIZED FORM
- NO PLANS SUBMITTED

**APPLICANT NOTIFICATION**

Applicant Called \_\_\_\_\_

Check # \_\_\_\_\_

Amount \$ \_\_\_\_\_

**APPROVAL CONDITIONS:**

\_\_\_\_\_

PERMIT ISSUED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_