

EAST WINDSOR TOWNSHIP
POOL PERMIT APPLICATION

DATE: _____ PHONE # _____

BLOCK _____ LOT _____ ZONING DISTRICT _____

OWNER _____

ADDRESS _____

ABOVE GROUND POOL

INGROUND POOL

MANUFACTURE AND MODEL # _____

WATER CAPACITY _____

FILTER MODEL/FILTER TYPE _____

PUMP MODEL #/HP & GPM _____

TYPE OF FENCING: NEW OLD HEIGHT _____

GATE SELF LATCHING & SELF CLOSING YES NO

STAIR ENCLOSURE: YES NO IF YES, TYPE _____

DECK: YES NO IF YES, TYPE _____

COST OF INSTALLATION _____

OWNER'S SIGNATURE _____

I hereby certify that the proposed installation of the pool is authorized by the owner of record and that I have been authorized by the owner to make this application as his or her authorized agent and agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant

Address

Date

ZONING OFFICER _____ DATE _____