

Private Swimming Pool Permit Application



Pool Address:				
Legal:	Lot:	Block:	Plan:	Subdivision:

Applicant Information:		
Are you the primary contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name:		
Address:	Postal Code:	
Phone:	Email:	
Primary Contact:	Email Address:	Phone:
Owner Name:	Mailing Address:	Phone:
Contractor:	Mailing Address:	Phone:
Engineer / Architect:	Mailing Address:	Phone:
Mechanical / Plumbing Contractor:	Mailing Address:	Phone:

Work covered by this application

Type of Pool: <input type="checkbox"/> In-ground <input type="checkbox"/> Above Ground
Description of Work: <input type="checkbox"/> Construction <input type="checkbox"/> Demolition
Comments:

Value of work to be done: \$ _____

Office Use Only Application # _____ Reference # _____

<p>I hereby acknowledge that I have read this application and state that the information contained herein is correct and agree to comply with all City of Estevan bylaws and/or provincial laws regarding private swimming pools.</p> <p>It being expressly understood that the issuing of a permit does not relieve the applicant/owner from complying with any other applicable laws.</p> <p>This application form does not allow work to start as this is not an issued permit.</p> <p>The information on this form is collected under the Local Authority Freedom of Information and Protection of Privacy Act. The purpose of the collection is to process your application for a permit. It will be</p>	<p>retained as a record of your application and may be used to contact the parties involved in this project. The application and the information contained therein may also be used by the City for compliance or other legal action pursuant to The Cities Act, the City's Zone Bylaw and The Planning and Development Act.</p> <p>Issued City permits, including name of applicant, description of work, location, value of work and contractor names, may be released to members of the public by the City in accordance with the provisions of The Local Authority Freedom of Information and Protection of Privacy Act.</p> <p>If you have any questions about the collection and use of this information, please contact Building Inspector at 306-634-1800.</p>		
_____	_____	_____	_____
Owner (Printed)	Signature of Owner	Signature of Applicant	Date