



City of Kawartha Lakes
Development Services Building Division
180 Kent Street West
Lindsay ON K9V 2Y6
Telephone: 705-324-9411 extension 1288
Fax: 705-324-5514
Email: lferguson@kawarthalakes.ca

Pool Permit Application

Application Date:

Permit Number:

Roll Number: 1651

Owner Information:

Name:

Address:

City:

Province:

Postal Code:

Phone Number:

Email Address:

Applicant Information:

Name:

Address:

City:

Province:

Postal Code:

Phone Number:

Email Address:

Project Address:

Former Municipality:

Type of Pool:

- Above Ground Pool In-ground Pool

Property Use:

- Residential Commercial

Project Information:

Please provide all measurements in metric.

Pool Size:

Width:

Length:

Height: (above ground)

Depth of Pool:

Lot Size:

Width:

Length:

Area:

Property Setbacks:

Complete as if standing on the road in front of the property.

Front Yard:

Left Side Yard:

Right Side Yard:

Rear Yard:

Estimated Cost of Construction:

All of the statements and representations contained in the attached documents filed in support of this application shall be deemed part of this application for all purposes. Sufficient information shall be submitted with each application to enable the City of Kawartha Lakes to determine whether or not the proposed work will conform with all applicable by-laws.

Please Note: Upon completion of this form a signed copy must be submitted to the Building Division accompanied by a site plan showing location of pool in relation to property lines, hydro lines, septic bed/tank and other structures. Also include type of fence and gate location.

Declaration of Applicant/Owner:

I, the undersigned, am the authorized owner/agent of the owner named in the above application and I certify the truth of all the statements or representations contained therein.

I understand that the issuance of a permit shall not be deemed a waiver of any of the provisions of the by-laws, notwithstanding anything included in or omitted from the plans or other material filed in support of or in connection with the above application.

I acknowledge that in the event a permit is issued, any departure from specific conditions, plans, specifications or building locations proposed in the above application is prohibited and such could result in the permit being revoked.

I further acknowledge that in the event the permit is revoked for any cause or irregularity or non-conformity with by-laws, there shall be no right of claim whatsoever against the City of Kawartha Lakes or any official thereof and such claim is hereby expressly waived.

Signature of Owner/Authorized Agent

Date

Personal information contained on this form is collected pursuant to the Municipal Act, 2001 and will be used for the purpose of responding to your request. Questions about the collection of this information should be directed to the City Clerk or Deputy-Clerk at 705-324-9411 extension 1295 or 1322.

Thank You