

APPLICATION FOR A SWIMMING POOL PERMIT

CITY OF TRENTON BUILDING DEPARTMENT

2800 Third Street, Trenton, MI 48183-2992

Phone: (734) 675-8251 • Fax: (734) 675-8504

ALL APPLICANTS ARE REQUIRED TO COMPLETE SECTIONS I, II, III, IV, AND V

I. PROJECT INFORMATION

DESCRIPTION OF POOL:

(In the space to the right, provide a description with dimensions of the swimming pool to be installed)

ABOVE GROUND POOL

IN-GROUND POOL

OTHER _____

II. PROPERTY INFORMATION

A. LOCATION OF POOL CONSTRUCTION

ADDRESS

III. IDENTIFICATION

A. PROPERTY OWNER

NAME

PHONE NUMBER

ADDRESS

CITY

STATE

ZIP CODE

B. CONTRACTOR

NAME

PHONE NUMBER

ADDRESS

CITY

STATE

ZIP CODE

LICENSE NUMBER

EXPIRATION DATE

FEDERAL EMPLOYER ID NUMBER (OR REASON FOR EXEMPTION)

WORKERS COMP INSURANCE CARRIER (OR REASON FOR EXEMPTION)

IV. APPLICANT INFORMATION

A. ADDITIONAL INFORMATION:

1. A Site Plan is required for the location of all pools. (Detailed property information is required)
2. Detailed Pool Barrier information is required on the submitted plans. (**All Pools must be entirely enclosed by the Barrier requirements of the International Swimming Pool and Spa Code**)
3. Pool location on the property shall comply with the City of Trenton Code of Ordinances and the National Electrical Code.
4. **Electrical Permits are required for electrically equipped pools.** (Shall comply with the National Electrical Code)
5. **Mechanical Permits are required for gas equipped pools.**
6. Pool decks/platforms and fences require separate Building and Zoning Permits.
7. A Pool Permit cannot be finalized until the Barrier requirements are completed. (Fence Zoning Permit, if applicable)
8. **No Pool shall be used until all required permits have been finalized.**
9. Failure to provide the required information on this permit application may result in denial of your request.

B. EXPIRATION OF PERMIT:

A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within 180 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 180 days after the time of commencing the work. **A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED.**

COMPLETE SECTION V. APPLICANT SIGNATURE ON THE NEXT PAGE

V. APPLICANT SIGNATURE			
APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.			
NAME		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP
ESTIMATED COST OF CONSTRUCTION			
I HEREBY CERTIFY THAT THE PROPOSED WORK 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 WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.			
SIGNATURE OF APPLICANT		DATE	

***** SECTIONS VI. TO BE COMPLETED BY THE DEPARTMENT *****

VI. DEPARTMENT USE ONLY		
A. REQUIRED BUILDING INSPECTIONS		
<u>INSPECTIONS REQUIRED:</u>		
<input type="checkbox"/> IN-GROUND STRUCTURAL	<input type="checkbox"/> FINAL	<input type="checkbox"/> OTHER _____
B. APPROVAL		
USE GROUP	TYPE OF CONSTRUCTION	SQUARE FEET
ZONING CLASSIFICATION		
APPROVAL TITLE		
APPROVAL SIGNATURE	DATE	

Revised 02/2019 wb