

SANGAMON COUNTY DEPARTMENT OF PUBLIC HEALTH BUILDING SAFETY DIVISION 2833 South Grand Ave. East Springfield, IL 62703 (217) 535-3145 Fax (217) 747-5103 envhealth@co.sangamon.il.us , website at www.scdph.org SWIMMING POOL & FENCE PERMIT APPLICATION	Application Date _____ Permit # _____
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Owner Info:

Property Owner Name:	Phone#
Property Owner Mailing Address:	
Property Owner Email Address:	
Address for Permit to be sent to:	

Contractor Info:

Pool Contractor Name & Mailing Address:	
Phone #	Email Address:
Electrical Contractor Name & Mailing Address:	
Phone #	Email Address:
Fence Contractor Name & Mailing Address:	
Phone #	Email Address:

Parcel Info:

Project address:			
Lot #:	Zoning District:	Subdivision:	Parcel#:
Do you have public water? Yes () No () Note: If No please show well location on site drawing.		Do you have public sewer? Yes () No () Note: If No please show septic field location on site drawing.	

Permit# _____

Pool & Fence Info:

Type of Pool being Installed: In-ground (<input type="checkbox"/>) Length _____ Width _____		Above-ground (<input type="checkbox"/>) Diameter _____	
Depth of pool: _____	Date Staked: _____	Is pool heated? (Heating type) Electric (<input type="checkbox"/>) Gas (<input type="checkbox"/>) Geothermal (<input type="checkbox"/>) Other (<input type="checkbox"/>)	If other please explain: _____
Are you installing concrete patio around pool? Yes (<input type="checkbox"/>) No (<input type="checkbox"/>) Note: If yes please see installation requirements.		Height of fence being installed: _____	
Distance of fence to edge of concrete _____ ft. Note: Please refer to Installation requirements.		Height of existing fence: _____ (Note: Minimum height for barrier 48")	
Type of Fence being installed? Wood (<input type="checkbox"/>) Metal (<input type="checkbox"/>) Vinyl (<input type="checkbox"/>) Other (<input type="checkbox"/>) Explain: _____			
Or please mark the type			
Of existing Fence you have in place.			

Pool & Fence Location Info: Distance from Property lines

Front setback		Rear setback		Left setback		Right setback	
Pool	Fence	Pool	Fence	Pool	Fence	Pool	Fence
ft.	ft.	ft.	ft.	ft.	ft.	ft.	ft.
Est. Start ____/____/____		Est. Finish ____/____/____		Est. Cost of Const. \$		Street Frontage	
						ft.	
Scope of Work – Explain in detail what work is being done.							

ATTN: The Swimming pool cannot be filled with water until after all fences, gates, and door alarms have been installed and are in operating condition.

CERTIFICATION

I hereby certify that I am the owner of record of the named property or 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 authorized agent and I agree to conform to all applicable federal, state, and local laws. Under penalties of perjury, I hereby certify that applicant (and owner) have fully paid all taxes and all other debts owed to Sangamon County as of the date of this application. In addition, if permit for work described in this application is issued, I certify that the code Official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT

ADDRESS

PHONE NUMBER

FOR OFFICE USE ONLY

App. Date: _____
 Permit Fee \$ _____
 Penalty Fee \$ _____
 Total Fee \$ _____
 Application by: _____

Above-Ground pools \$68.00

(does not include Decks and misc. electrical Outlets)

In-ground pools \$135.00

(does not include Decks and misc. electrical Outlets)

Pool area fencing permits \$50.00

Permit# _____

Please draw a sketch including the following:

- 1. Indicate the pool and fence and how far away it sits from property lines.**
- 2. Show locations of all gates & doors accessing the pool area.**
- 3. Show other structures on parcel and distance way from proposed pool and fence.**
- 4. Show Septic field location if applicable.**
- 5. Show distance of pool from house.**
- 6. Show distance between metal edge of pool and/or pool wall to metal fencing (if applicable).**
- 7. Show location of underground & overhead electrical lines and locations of electrical panels.**

Please indicate the North point.

**Sangamon County Department of Public Health
Building Safety Section
2833 South Grand Ave. East
Springfield, IL 62703**

(217) 535-3145 (FAX) 747-5103

REQUIRED INSPECTIONS

No work shall begin until you have received your permit approval by the Sangamon County Public Health Department (535-3145).

1. Zoning inspection needed after pool and fence construction is staked out. A permit will be issued and work may begin after a zoning inspection has been done and approved and all required submissions have been received.
2. Electrical Bonding inspection must be approved **before** any backfilling is done.
Note: Metal fence will require an electrical bonding inspection.
3. Final pool installation inspections will require Electrical and Building approvals for the pool and fencing when all systems are installed and functioning as designed.
Note: The Swimming pool cannot be filled with water until after all fences, gates, and door alarms have been installed and are in operating condition.
4. Re-inspections for corrective work must be completed prior to covering or concealing.
5. Other inspections may be required for your situation. Please contact this office if you are not sure or have any questions. **Phone # 535-3145**

Covering or concealing any of the above referenced work with permanent construction (concrete, sheetrock, paneling, brick, siding etc.) will not relieve Owner/Contractor from securing those inspections. You may be required to remove construction to allow for an inspection.

All finals must be inspected and approved before a Certificate of Compliance will be issued. The pool is prohibited for use until the Certificate of Compliance is granted.

2006 IRC Section R109.3 Inspection requests: It shall be the duty of the permit holder or their agent to notify the building official that such work is ready for inspection. It shall be the duty of the person requesting any inspections required by this code to provide access to and means for inspection of such work.

Owners name: _____ **Signature:** _____ **Date:** _____
Please print

Contractors name: _____ **Signature:** _____ **Date:** _____
Please print

A copy of the Swimming pool installation requirements was given to the above signed on this date. _____
Initials