



# Lower Southampton Township

Bucks County, Pennsylvania  
1500 Desire Avenue – Feasterville, PA 19053  
Phone: (215) 357-7300 – E-Mail: [permits@lstwp.org](mailto:permits@lstwp.org)

<b>**OFFICE USE ONLY**</b>
Date Received: _____
Permit No: _____

## POOL / SPA / HOT TUB PERMIT APPLICATION

**Definition:** Swimming Pool-Any structure that is intended for recreational bathing or swimming that contains *water deeper than 24 inches*. This includes in-ground swimming pools, above-ground or on-ground pools, hot tub and spa. Note that this includes inflatable pools.

### I. SITE INFORMATION (Each line item **MUST** be completed)

**WORK SITE ADDRESS:** \_\_\_\_\_ Tax Parcel ID: **21 -** \_\_\_\_\_

Property within Floodplain:  Yes  No *If yes, what is the market value of the property:* \_\_\_\_\_

### II. CONTACT INFORMATION (Each line item **MUST** be completed) **Please be advised: ONLY APPLICANT receives correspondence and/or permit**

#### PROPERTY OWNER:

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone No.: \_\_\_\_\_

#### APPLICANT:

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone No.: \_\_\_\_\_

#### CONTRACTOR:

Person in Charge of Work: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone No.: \_\_\_\_\_

### III. PROJECT DATA (COMPLETION MANDATORY) **\*\*\*ZONING PERMIT APPLICATION MUST be submitted in addition to this application\*\*\***

**TYPE**  Above Ground POOL  Below Ground POOL  SPA  HOT TUB

Pool Dimensions: **X** \_\_\_\_\_ Equipment Type: \_\_\_\_\_

**ELECTRICAL** Total Number of Devices: \_\_\_\_\_ Pool Heater:  Yes  No

*Electrical Schematic, Line Drawing and Equipment Spec Information must accompany permit application.*

**FENCE** Height: \_\_\_\_\_ Fence Type: \_\_\_\_\_ **Fence Gate Latch *MUST* be self-closing/self-latching.**

#### PROJECT TOTAL COST:

Water **MUST** be drained on own property and shall **NOT** be directed onto neighbor's property, street or storm drains!

### IV. APPLICANT'S CERTIFICATION (Signature **REQUIRED**)

*The undersigned owner or authorized agent hereby certify that:*

- All information provided as a part of this application is true and correct.
- This project will be constructed in accordance with the approved drawings and specifications (including any non-design changes) and the Uniform Construction Code standards.
- That all work will be performed and completed in accordance with the rules and regulations set forth in Lower Southampton Twp. Ordinance.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **\*\*OFFICE USE ONLY\*\***

Zoning Officer Decision  Approved  Denied

Zoning Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_