



Lower Southampton Township

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

OFFICE USE ONLY
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

APPLICANT:

Mailing Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____ Phone No.: _____

PROPERTY OWNER:

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: _____