

Application for a Swimming Pool Enclosure Permit

|                                                                                                                                                                                                                                                                                         |                |                                |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------|------------------------|
| For use by Principal Authority                                                                                                                                                                                                                                                          |                |                                |                        |
| Application number:                                                                                                                                                                                                                                                                     |                | Permit number (if different):  |                        |
| Date received:                                                                                                                                                                                                                                                                          |                | Roll number:                   |                        |
| Application submitted to: <u>Town of Bradford West Gwillimbury</u><br>(Name of municipality, upper-tier municipality, board of health or conservation authority)                                                                                                                        |                |                                |                        |
| A. Project information                                                                                                                                                                                                                                                                  |                |                                |                        |
| Building number, street name                                                                                                                                                                                                                                                            |                | Unit number                    | Lot/con.               |
| Municipality                                                                                                                                                                                                                                                                            | Postal code    | Plan number/other description  |                        |
| Project value est. \$                                                                                                                                                                                                                                                                   |                | Area of work (m <sup>2</sup> ) |                        |
| B. Purpose of application <input type="checkbox"/> In-ground/ On Ground <input type="checkbox"/> Above Ground / Hot Tub                                                                                                                                                                 |                |                                |                        |
| Proposed use of building                                                                                                                                                                                                                                                                |                | Current use of building        |                        |
| Description of proposed work                                                                                                                                                                                                                                                            |                |                                |                        |
| C. Applicant                      Applicant is: <input type="checkbox"/> Owner   or <input type="checkbox"/> Authorized agent of owner                                                                                                                                                  |                |                                |                        |
| Last name                                                                                                                                                                                                                                                                               | First name     | Corporation or partnership     |                        |
| Street address                                                                                                                                                                                                                                                                          |                | Unit number                    | Lot/con.               |
| Municipality                                                                                                                                                                                                                                                                            | Postal code    | Province                       | E-mail                 |
| Telephone number<br>(     )                                                                                                                                                                                                                                                             | Fax<br>(     ) |                                | Cell number<br>(     ) |
| D. Owner (if different from applicant)                                                                                                                                                                                                                                                  |                |                                |                        |
| Last name                                                                                                                                                                                                                                                                               | First name     | Corporation or partnership     |                        |
| Street address                                                                                                                                                                                                                                                                          |                | Unit number                    | Lot/con.               |
| Municipality                                                                                                                                                                                                                                                                            | Postal code    | Province                       | E-mail                 |
| Telephone number<br>(     )                                                                                                                                                                                                                                                             | Fax<br>(     ) |                                | Cell number<br>(     ) |
| E. Road Occupancy Permit <input type="checkbox"/> Yes, please see below. <input type="checkbox"/> No, public right-of-ways will not be affected.                                                                                                                                        |                |                                |                        |
| For any excavations, placement of material, fixtures or objects on public right-of-ways on a temporary or permanent basis a road occupancy permit is required. For more information, please contact Transportation Services 905-778-2055 ext. 2200.                                     |                |                                |                        |
| F. Security Deposit Release                                                                                                                                                                                                                                                             |                |                                |                        |
| I, the applicant and/or owner, acknowledge that the security deposit cannot be released until the final building inspection and the roads inspection has been completed. Please be advised the roads inspection is weather permitting.<br><div>Signature of applicant/owner _____</div> |                |                                |                        |
| G. Declaration of applicant                                                                                                                                                                                                                                                             |                |                                |                        |
| I _____ declare that:<br>(print name)                                                                                                                                                                                                                                                   |                |                                |                        |
| 1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.                                                                                                          |                |                                |                        |
| 2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.                                                                                                                                                                           |                |                                |                        |
| Date_____                                                                                                                                                                                                                                                                               |                | Signature of applicant _____   |                        |