



**TOWN OF CAMBRIA  
POOL PERMIT APPLICATION:**

RBP-20 -

Office use only

Jobsite Location: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor/ Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Pool Type: \_\_\_\_\_ Above Ground (*Fee-\$75.00*) \_\_\_\_\_ In Ground (*Fee- \$125.00*)

**Requirements before issuance of Permit:**

- |  |          |        |       |
|--|----------|--------|-------|
| 1. Survey of property showing placement: | Received | __ Yes | __ No |
| 2. Site/ Drainage Plan:                  | Received | __ Yes | __ No |
| 3. Electrical Permit in Place:           | Received | __ Yes | __ No |
| 4. Drawings and Plans:                   | Received | __ Yes | __ No |

Details: \_\_\_\_\_ Metal \_\_\_\_\_ Masonry \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Rectangular \_\_\_\_\_ Round \_\_\_\_\_ Irregular

Depth: \_\_\_\_\_ Diameter \_\_\_\_\_ Width \_\_\_\_\_

Heated: \_\_ Yes \_\_ No Pool Alarm: \_\_ Yes \_\_ No Fence Plan: \_\_ Yes \_\_ No

Estimated Cost: \$ \_\_\_\_\_ Proposed date of Installation: \_\_\_\_\_

Electrician Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

**\*\*\*PLEASE NOTE: AN ELECTRICAL INSPECTION MUST BE CONDUCTED BY A CERTIFIED ELECTRICAL INSPECTOR WITH A CERTIFICATE OF COMPLIANCE SENT TO OUR OFFICE.**

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

Inspector Approval: \_\_\_\_\_ Date: \_\_\_\_\_