



**CITY OF WAUPACA
DEPARTMENT OF INSPECTION
111 S. MAIN STREET
WAUPACA, WI 54981
PHONE: 715-258-4404 · FAX: 715-258-4426**

DATE: _____

APPLICATION FOR POOL PERMIT

APPLICANT'S NAME*: _____ **PHONE NO:** _____
MAILING ADDRESS: _____ **EMAIL ADDRESS:** _____
ASSOCIATION TO PROPERTY OWNER: _____

PROPERTY OWNER'S NAME: _____ **PHONE NO:** _____
MAILING ADDRESS: _____ **EMAIL ADDRESS:** _____

CONTRACTOR'S NAME: _____ **PHONE NO:** _____ **LICENSE NO:** _____
MAILING ADDRESS: _____ **EMAIL ADDRESS:** _____

PROJECT LOCATION:

Project Address: _____
Parcel No: _____
Zoning District(s): _____
Estimated Cost: \$ _____

PROJECT TYPE:

- New
- Alteration
- Move

HEIGHTS INVOLVED:

Pool Height (from ground): _____ ft.
Pool Maximum Depth: _____ ft.
Fence Height (surrounding pool): _____ ft.

DESCRIPTION OF WORK: _____

NOTICE: The City of Waupaca pool permit only authorizes construction/use pursuant to City ordinances and regulations. The construction/use contemplated by this application may require approvals and/or permits under County or State rules, regulations and ordinances. It is the sole responsibility of the owner/applicant to obtain such approvals/permits. The applicant certifies that the information provided is accurate. A permit is void if issued in error or under a misstatement of fact.

***IF TENANT IS APPLYING FOR PERMIT, A SIGNATURE IS NEEDED FROM PROPERTY OWNER ALLOWING PROJECT.**

APPLICANT'S SIGNATURE: _____ **DATE:** _____

PROPERTY OWNER'S SIGNATURE (IF APPLICABLE): _____ **DATE:** _____

If project includes deck, please complete deck permit application.

If project includes electrical work, an electrical permit is required. Please complete the following section.

ELECTRICAL CONTRACTOR: _____ **PHONE NO:** _____
MAILING ADDRESS: _____ **EMAIL ADDRESS:** _____
MASTER ELECTRICIAN LICENSE #: _____ **EXPIRATION DATE:** _____
ELECTRICAL CONTRACTOR LICENSE #: _____ **EXPIRATION DATE:** _____

FOR OFFICE USE ONLY: \$ FEE: PAID: _____ DATE: _____ INITIALS: _____