



Upper Salford Township

P.O. Box 100
Salfordville, PA 18958-0100
610-287-6160

Date Stamp

BUILDING PERMIT APPLICATION FACT SHEET

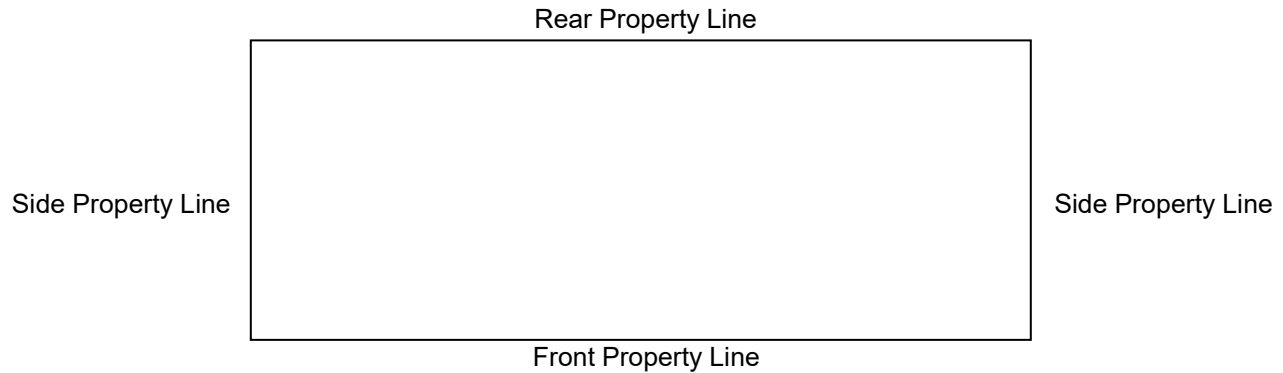
Private Above Ground/Inground Swimming Pool, Spa and Hot Tub Construction

(Any structure that contains water 24" or more in design depth)

Municipality Upper Salford Township
Name _____
Phone _____
Address _____
Email _____
Subdivision _____ Lot No. _____
Lot Size _____

Contractor _____
Phone No. _____
Address _____
Cell No. _____
Estimated Cost _____

- I. Complete the diagram. Show setback lines for existing structures, location of pool, walkways and/or decks from property lines. **NOTE: If applicable, you must show location of on-lot septic system.**



Note: A barrier (fence, wall or combination) that completely surrounds the pool and obstructs access must be installed if the water depth is over 24 inches.

II. **Above-Ground Pool, Spa, Hot Tub:**

- Size: Diameter _____ or Length _____ X Width _____
- Pool Wall Height: _____ Water Depth _____
- Perimeter Fence (if required) Type _____ Height (48" minimum) _____
Self Locking and Closing Gate: Yes ☐ No ☐

III. **Inground (An attached plan must show pool location, walkways, pool equipment):**

- Size: Length _____ Width _____
- Maximum Water Depth _____
- Diving Board Yes ☐ No ☐
- Will there be any overhead electric wires directly above the pool or within 18 ft. of the water surface
Yes ☐ No ☐
- Perimeter Fence (required) Type _____ Height (48" minimum) _____
Self Locking and closing Gate Yes ☐ No ☐

All inground pools require a bonding and final electrical inspection. All above ground pools require a final electrical inspection. All inspection fees are included in the permit fee.

FINAL INSPECTION REQUIRED - CALL TECHNICON ENTERPRISES INC., II (610) 286-1622

Issue Date _____
Tax Parcel No. _____
Permit Fee _____
Expiration Date _____

Zoning District: _____
Permit Number: _____



Upper Salford Township

P.O. Box 100
Salfordville, PA 18958-0100
610-287-6160

Date Stamp

I CERTIFY THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT. IF ANY INFORMATION IS FOUND TO BE FALSE OR INCORRECT THE PERMIT WILL BECOME NULL AND VOID.

APPLICANT

DATE

☐

INSPECTION APPROVED

☐

INSPECTION DISAPPROVED

CODE ENFORCEMENT/ZONING OFFICER APPROVAL

DATE

INSPECTION DATE _____

Issue Date _____
Tax Parcel No. _____
Permit Fee _____
Expiration Date _____

Zoning District: _____

Permit Number: _____