

BOROUGH OF COLLEGEVILLE
POOL/SPA/HOT TUB/JACUZZI PERMIT APPLICATION

I – Location of Property

Address: _____

Zoning District: _____ Parcel #: _____ Lot #: _____ Block: _____

II – Identification – To be completed by all applicants

Owner: Name: _____ Phone: _____

Address: _____

Email: _____

Contractor: Name: _____ Phone: _____

Address: _____

Email: _____

Design Name: _____ Phone: _____

Professional: Address: _____

Email: _____

III – Type of Construction or Improvements

In-ground Above-ground Repair/Renovation Spa/Hot Tub

IV – Proposed Use

Residential Non-Residential

V – Dimensions

Pool Size: Length & Width _____ Pool Square Footage _____

Borough of Collegeville
491 E. Main Street
Collegeville, PA 19426
610-489-9208 610-489-6661 Fax www.collegeville-pa.gov

VI – Cost

Cost of construction/improvements _____

Other costs _____ Total cost of project _____

VII – Site or Plot Plan – Please provide or attach plot plan with details showing pool, pool deck and filter system. Provide a grading plan showing final counters of grade.

VIII – Signature

Deposit of check representing the fee for this application does not constitute approval of or granting of same by Collegeville Borough. I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his agent and we agree to conform to all applicable laws of Collegeville Borough.

Signature

Date

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SCHEDULE OF FEES
(Resolution 2016-01)

In ground	\$25.00 per \$1000.00 cost of Construction
Above ground	\$200.00
State Fee	\$4.00

Barrier Requirements for Pools, Hot tubs and Spas – Section AG105 of the 2009 International Residential Code requires that an outdoor swimming pool, including an in-ground, above-ground or on-ground pool, hot tub or spa shall be surrounded by a barrier which shall comply with the following:

1. The top of the barrier shall be at least 48 inches above grade measured on the side of the barrier which faces away from the swimming pool. The maximum vertical clearance between grade and the bottom of the barrier shall be 2 inches measured on the side of the barrier which faces away from the swimming pool. If the barrier is mounted on the top of the pool structure, the maximum vertical clearance between the top of the pool structure and the bottom of the barrier shall be 4 inches.
2. Access gates shall comply with the requirements of Section AG105.2 and shall be equipped to accommodate a locking device. Pedestrian access gates shall open outward away from the pool and shall be self-closing and have a self-latching device. Gates other than pedestrian access gates shall have a self-latching device.

Pool Permit Procedures

A pool permit is required for all new construction including deck around pool and renovation of existing pools.

Pool Permit Application Form

Part I – Location of property – Address must be shown.

Parts II through VI – Complete every section.

Part VII – Plot Plan – Show all dimensions of entire property (length x width and square feet of entire lot.) Identify streets adjacent to property. Place all buildings, with size dimensions (length and width) within property lines and indicate whether existing or proposed. Indicate front yard, side yard and rear yard setbacks by showing the distance from deck to property lines on all sides.

The property owner is responsible for the accuracy of this plot plan. On-lot sewage disposal systems and/or any easements/deed restrictions must be indicated.

Part VIII – Sign and date application – If property resident is not the owner of the property, a notarized statement indicating the owner’s approval of the proposed construction must be submitted with the application. Provide phone numbers where property owner/resident and contractor may be reached. Contractors making application must provide a Certificate of Insurance verifying coverage for Worker’s Compensation and their Federal or State Employer Identification Number (EIN).

Plans and Specifications

Two (2) copies of all plans and specifications must be submitted with all applications for pool permit. Cross section drawings, giving structural details as outlined below, must be included.

Dimensions – Show all dimensions of proposed pool – width and length. Give overall site plan showing all dimensions including pool deck and filter systems.

Grading – Show proposed grading around new pool area, include proposed contours.

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Additional Information

Fees – Permit fees must be submitted with the permit application.

Review – The application will be reviewed by the Code Enforcement and Zoning Departments for compliance with all Borough codes and ordinances.

Permit Granted – **Work may not start until a permit has been approved and granted.** The permit cards are to be displayed so as to be visible from the street.

Plumbing, Electrical, and HVAC – All plumbing, electrical, and HVAC contractors and/or their personnel must be registered and provide a Certificate of Insurance verifying Worker's Compensation coverage, and Federal or State Employer Identification Number (EIN). In addition, each contractor must obtain the appropriate permits for the work to be done. All electrical work must be inspected by state certified electrical inspectors.

Inspections – Call the Borough Office (610.489.9208) at least 24 hours in advance to schedule inspection. Responsibility for notification for inspections at the various stages of construction lies with the applicant and/or contractor. If the appropriate inspections are not requested, un-inspected work will not be granted final approval.

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WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

A. THE CONTRACTOR IS: (if the owner is doing the work, check NO and sign below)

A contractor within the meaning of the Pennsylvania Workers' Compensation Law

YES NO

If the answer is "yes", complete section B and C, as appropriate, and sign below.

B. INSURANCE INFORMATION (if filling out this section, the CONTRACTOR must sign below)

Name of Contractor _____

Federal or State Employer Identification No. _____

Contractor is a qualified self-insurer for Workers' Compensation

Certificate Attached

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy No. _____

Certificate Attached

Policy Expiration Date _____

C. EXEMPTION (if filling out this section, the CONTRACTOR must sign below)

Complete Section C if the contractor is claiming exemption from providing Workers' Compensation Insurance.

The undersigned swears or affirms that he/she is not required to provide Workers' Compensation Insurance under the provisions of Pennsylvania Workers' Compensation Law for one of the following reasons, as indicated:

Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provided proof of insurance to the Borough.

Religious exemption under the Workers' Compensation Law. Must be notarized.

Signature: _____

Address: _____

County of: _____

Municipality of: _____

Subscribed and sworn to before me this

_____ day of _____ 20__.

Signature of Notary

My Commission Expires: _____

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