

**CITY OF ELYRIA
RESIDENTIAL SWIMMING POOL APPLICATION**

Job Location	Date Stamp
Address _____	
Lot/Unit/Suite No. _____ Subdivision _____	

Owner Information

Name _____ Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Mobile (_____) _____ Email _____

Contractor Information

Name _____ DBA _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Mobile (_____) _____ Email _____

Swimming Pool Fees

A. Recessed outdoor swimming pool	\$ 70.00	_____
B. Above Ground Semi Permanent outdoor swimming pool. \$ 30.00 <i>(including cost of electrical permit)</i>		_____
Subtotal		_____
State Fee 0% of Subtotal	0.00	\$ _____
Total Cost		_____ (Cost of Proposed Work)

A site (plot) plan must accompany this application.

In addition, a separate Electrical Application must accompany this application.

_____ Date. _____

Signature of Owner, or Agent Responsible for Work Check if Owner Check if Agent

Date Approved. _____ Inspectors Initials. _____ Zoning _____ Receipt No. _____ Permit No. _____

Date Denied. _____ Comments. _____