

MUNICIPALITYaaaaaaaaaaaaaaaaaaaaaaaa'COUNTYaaaaaaaaaaaaaa

**SWIMMING POOL PERMIT APPLICATION**

INSPECTIONS AS PER ACT 45 OF THE UCC

INSPECTIONS CALL 610-395-3827 EXT 1

P.O. Box 423, Orefield, Pa. 18069

Fax 610-395-2231

TRACKING # \_\_\_\_\_ PERMIT # \_\_\_\_\_ DATE \_\_\_\_\_

POOL TYPE: PRIVATE PUBLIC SPA HOTTUB OTHER

OWNER'S NAME : \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street Number and Name

City State Zip  
PHONE NUMBERS \_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street Number and Name

City State Zip

Phone Number Office: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

SITE ADDRESS APPLICANT \_\_\_\_\_  
Street Number and Street Name

City State Zip

PHONE NUMBERS \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Print and Sign