



The Corporation
of the City
of Cambridge

Planning Services Department
50 Dickson Street
P.O. BOX 669
Cambridge, ON, N1R 5W8
Telephone: 519.740.4613
Fax: 519.622.6184

Application for a Pool or Hot Tub Permit

Two (2) copies of a plot plan showing the location of the pool and the fence used to protect the pool must be submitted with this application. Accompanied on the plot plan show the location of structures within 1.5 metres of the pool enclosure.

Mail Pick-up

PLEASE PRINT

CITY OF CAMBRIDGE

Permit number

Date Received

A. Project information

| | | | |
|------------------------------|--|-------------|----------|
| Building number, street name | | Unit number | Lot/con. |
|------------------------------|--|-------------|----------|

| | | | |
|--------------|------------------|-------------|-------------------------------|
| Municipality | Cambridge | Postal code | Plan number/other description |
|--------------|------------------|-------------|-------------------------------|

Applicant is Owner or Authorized agent of owner or Tenant

| | | |
|-----------|------------|--------------|
| Last name | First name | Company Name |
|-----------|------------|--------------|

| | | |
|----------------|-------------|----------|
| Street address | Unit number | Lot/con. |
|----------------|-------------|----------|

| | | | |
|--------------|-------------|----------|--------|
| Municipality | Postal code | Province | E-mail |
|--------------|-------------|----------|--------|

| | | | |
|-------------------------|------------|-------------|--|
| Telephone number () | Fax () | Cell () | |
|-------------------------|------------|-------------|--|

B. Owner (if different from applicant)

| | | | |
|-----------|------------|--|--|
| Last name | First name | | |
|-----------|------------|--|--|

| | | | |
|----------------|-------------|----------|--|
| Street address | Unit number | Lot/con. | |
|----------------|-------------|----------|--|

| | | | |
|--------------|-------------|----------|--------|
| Municipality | Postal code | Province | E-mail |
|--------------|-------------|----------|--------|

| | | | |
|-------------------------|------------|-------------|--|
| Telephone number () | Fax () | Cell () | |
|-------------------------|------------|-------------|--|

C. Contractor

| | | |
|-----------|------------|--------------|
| Last name | First name | Company Name |
|-----------|------------|--------------|

| | | | |
|----------------|-------------|----------|--|
| Street address | Unit number | Lot/con. | |
|----------------|-------------|----------|--|

| | | | |
|--------------|-------------|----------|--------|
| Municipality | Postal code | Province | E-mail |
|--------------|-------------|----------|--------|

| | | | |
|-------------------------|------------|-------------|--|
| Telephone number () | Fax () | Cell () | |
|-------------------------|------------|-------------|--|

PROJECT DESCRIPTION

- Hot Tub
 Inground Pool
 Onground Pool
 Above Ground Pool
 Inflatable Pool

CONSTRUCTION VALUE: \$ _____

APPLICABLE LAW

| | | | |
|----------|-----------------------------------|-----------------------------------|---------------------------------------|
| G.R.C.A. | <input type="checkbox"/> Required | <input type="checkbox"/> Provided | <input type="checkbox"/> Not Required |
|----------|-----------------------------------|-----------------------------------|---------------------------------------|

| | | | |
|----------|-------------------------------------|---------------------------------|---------------------------------------|
| Heritage | <input type="checkbox"/> Designated | <input type="checkbox"/> Listed | <input type="checkbox"/> Not Required |
|----------|-------------------------------------|---------------------------------|---------------------------------------|

| | | |
|---|------------------------------|-----------------------------|
| Municipal Water Supply & Sanitary Sewer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

| | | |
|---------------------------------|------------------------------|-----------------------------|
| Existing Sewage (Septic System) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---------------------------------|------------------------------|-----------------------------|

Application is hereby made for a permit to install a pool as described herein or shown on accompanying plot plans, which pool is to be located as shown on plot plan. The accuracy of the information which follows and the accompanying plan with the representations therein contained are the responsibility of the owner and are hereby made a part of this application.

I/We agree to comply with the provisions of applicable laws of the Corporation of the City of Cambridge and any amendments thereto. I/We further agree that neither the granting of a permit nor the approval of the drawings, nor inspections made by the authority having jurisdiction during work on the pool shall in any way relieve me/us from full responsibility for carrying out the work in accordance with the requirements of the by-laws above mentioned.

Personal information contained on this form is collected under the authority outlined in the Municipal Freedom of Information and Protection of Privacy Act (28-2) and will be used only for the purpose of responding to your application. Questions about the collection of personal information should be directed to the City's Freedom of Information and Privacy Co-ordinator in the Clerk's Division of the Corporate Services Department at 519.740.4680, Ext. 4079.

Signature of Owner/Authorized Agent

Print Name