



**CORPORATION DE LA CITÉ DE /
OF THE CITY OF CLARENCE-ROCKLAND**
1560, rue Laurier Street, Rockland, ON K4K 1P7
Tel: (613) 446-6022 / Fax: (613) 446-1497
www.clarence-rockland.com

APPLICATION FOR A PERMIT

Applicants are required to submit a fully completed application for each permit applied for.

ABOVE GROUND POOL 125.00\$ INGROUND POOL 125.00\$ SPA 125.00\$

A performance deposit of 100.00\$ is required with the permit fee. The deposit will be reimbursed once the inspection is booked by you and demonstrates conformance with the municipal laws.

1. Owner: _____ Address: _____
2. Email address: _____
3. Telephone Number: Residence: _____ Office: _____ Cellular: _____
4. Contractor: _____ Address: _____
5. Email address: _____
6. Telephone Number: Office: _____ Cellular: _____ Fax : _____
7. Estimated Cost of Works: _____ \$
8. Location of work: Civic address: _____
9. Water Supply: Municipal Private Well Sewers: Municipal Private
10. Size of pool: _____ Depth of pool: _____
11. Type of fence: Plastic Wood Steel Chain link Height: _____
12. Additional information: _____

LOCATION PLAN

Identify the location of the pool / spa / equipment and/or fence with clear distances. Identify the property lines, street or road names and existing buildings on the lot. Identify the location of the septic field and the tank.

All the statements and representations contained in the attached documents filed in support of this application shall be deemed part of this application for all purposes. Sufficient information shall be submitted with each application to enable the Chief Building Official to determine whether or not the proposed work will conform to the municipal regulations and any other applicable law.

DECLARATION: I _____ am the authorized owner/agent of the owner mentioned in the above application and certify the truth of all the statements or representations contained therein. I understand that the issuance of a permit shall not be deemed a waiver of any of the provisions of any by-laws or applicable laws, notwithstanding anything included in or omitted from the plans or other material filed in support of or in connection with the above application. I acknowledge that in the event a permit is issued, any departure from specific conditions, plans, specifications or locations proposed in the above application is prohibited and could result in the permit being revoked. I further acknowledge that in the event the permit is revoked for any cause or irregularity or non-conformity with municipal by-laws or applicable laws, there shall be no claim whatsoever against the municipal corporation or any official thereof and any such claim is hereby expressly waived.

Signed at _____, Ontario Date _____

Signature of Owner or Authorized Agent

Office of Building Official

FOR OFFICE USE ONLY / THIS IS NOT A PERMIT

Date application was received and completed: _____ Permit Number: _____

Date issued: _____