



Pool Installation Permit Application

Scott Township
301 Lindsay Road
Carnegie, PA. 15106
412-276-5300 Ext.252

For Internal use only – to be completed by Code Enforcement Office

Zoning District _____ Lot & Block _____ Zoning Hearing Y / N Permit No. _____

Applications that are completely filled-out and with the required supporting documents will be processed in the order they are received,

Property Address _____

Property Owner _____

Owner Address _____ Zip Code _____

Owners Phone (contact #) _____

Contractor _____

Contractor Address _____ Zip Code _____

Contractor Phone (contact #) _____

IMPORTANT: Must submit two (2) two sets of plans & specifications & two property surveys with application

TYPE OF POOL: In Ground _____ Above Ground _____ Temporary _____

Estimated Cost of Project \$ _____

I hereby agree to be bound by the provisions of the ordinances, specifications, regulations and restrictions as may be imposed by Scott Township regarding this application. I verify that the statements made in this application are true and correct. I understand that any false statements herein are made subject to the criminal penalties of 18 Pa. C.S. as 4904, relating to unsworn falsification to authorities.

Property Owner's Signature

Date of Application

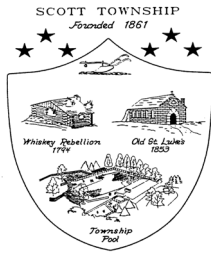
Print Property Owner's Name

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Fee \$ _____

Code Enforcement Officer's Signature

Date Approval



Scott Township Verification of Payments

Note: This section is to be completed by the Property Owner and included with the permit application package. No permits will be approved if past due payments are owed.

Date: _____ **Lot/Block:** _____

Property Address: _____

Property Owner: _____

Owner's Street Address: _____

City/State: _____ **Zip Code:** _____

Owner's Phone Number: _____

Note: This section is to be verified and completed by the Tax Office:

Real Estate Taxes Paid: **Yes:** _____ **No:** _____

Sewer Bill Paid: **Yes:** _____ **No:** _____

Other Municipal Fees, Taxes
and/or Liens: **Yes:** _____ **No:** _____

Earned Income Taxes Paid: **Yes:** _____ **No:** _____

Verified By: _____ **Date:** _____

Note: The Tax Office is to also validate the above information with the Delinquent Tax Collector and the Act 511 Tax Collector

Other Fees, Charges,
Judgements and/or Liens: **Yes:** _____ **No:** _____

Verified By: _____ **Date:** _____