



Swimming Pool and Spa Permit Application

Scott Township
301 Lindsay Road
Carnegie, PA. 15106
412-276-5300 Ext 216

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

Zoning District: _____ Lot & Block: _____ Zoning Hearing: **Y / N**

All sections of this application must be completed in their entirety, or the application will be rejected. Please note that applications will be processed in the order that they are received.

PROPERTY OWNER:

Property Address _____

Property Owner _____

Owner Address _____

City, State _____ Zip Code _____

Phone No. _____ Cell Phone No. _____

Email Address _____

CONTRACTOR:

Company Name _____

Contact Name _____

Address _____

City, State _____ Zip Code _____

Phone No. _____ Cell Phone No. _____

Email Address _____

PA Certification No. _____



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IMPORTANT: *All swimming pool and spa installations must comply with the 2018 International Swimming Pool and Spa Code and the electrical requirements shall be in accordance with NFPA 70 and Chapter 42 of the 2018 International Residential Code, as applicable.*

DESCRIPTION OF SWIMMING POOL OR SPA:

ABOVE GROUND: _____ **IN GROUND:** _____ **TEMPORARY:** _____

DEPTH: _____ Feet and _____ Inches **LOCATION:** Side yard _____ Rear Yard _____

BARRIER HEIGHT: _____ Feet and _____ Inches

Describe the swimming pool / spa: *(Include manufacturer's specifications for the pool/spa, the type of barrier proposed with details to verify compliance, and any topographical features within three (3) feet of the proposed pool/spa)*

NOTE: *Provide three (3) copies of all information including a current property survey. The survey shall locate the proposed pool/spa and all existing underground and overhead utilities within 20 feet of the proposed pool/spa. Setbacks from the pool/spa to all existing improvements and property lines shall be noted.*

Estimated Cost of Total Project \$ _____ **(material & labor)**

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.

Property Owner's Signature

Date of Application

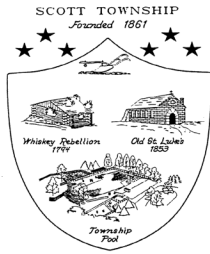
Print Property Owner's Name

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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:** _____