



CITY OF CANAL WINCHESTER

36 SOUTH HIGH STREET
CANAL WINCHESTER, OHIO 43110
DEVELOPMENT DEPARTMENT
PHONE (614) 837-7501 FAX (614) 837-0145

REV. 4/23/2019

APPLICATION FOR RESIDENTIAL SWIMMING POOL

Date: _____ Serial No.: _____

Subdivision: _____ Lot#: _____ Tax District: _____ Parcel #: _____

Property Address: _____

Township: _____ Estimated Cost: \$ _____

Owner's Name : _____ Phone No.: _____

Address: _____ City: _____

State: _____ Zip: _____ E-mail: _____

Contractor: _____ Phone No.: _____

Address: _____ City: _____

State: _____ Zip: _____ E-mail: _____

Pool Design:

Above Ground: _____ Below Ground: _____

Restricted Access:

Does the property currently have a fence: Yes: _____ No: _____

Impervious Surfaces (square feet):

Principle Structure _____ Deck/Patio _____ Swimming Pool: _____ Other: _____

Signature of Applicant: _____ Address: _____

Attach a current plot map showing the location of the proposed swimming pool along with information on any existing fencing or proposed fencing. Provide two (2) copies of the manufacturers recommended installation instructions for the swimming pool and indicate any electric and or natural gas connections. Addition information may be required to determine compliance with the Zoning Code by the Planning and Zoning Administrator.

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OFFICE USE – PLEASE DO NOT WRITE BELOW THIS LINE

Date Received: _____

Date Received: _____

Date: Approved: _____

Date: Approved: _____

Zoning Official

Issuing Authority

Inspection line 614.834.5104. Please all allow 48 hours for all inspections.