



*Town of Madison
Connecticut
Building Department*
8 Campus Drive, Madison, Ct. 06443-2562
Telephone (203) 245-5618 Fax (203) 245-5613

Swimming Pool Contractor List & Scope of Work

Map # _____ Lot # _____ Flood Zone _____ Building Permit # _____ Date Issued _____

Job Location _____

OWNER(S) _____ Phone # _____

ADDRESS _____ CELL # _____

1 Pool Installation

CONTRACTOR _____ PHONE # _____

ADDRESS _____ HIC# _____ INS. CERT. _____

Pool Type _____ Inground _____ Above Ground

Pool Size _____ Feet x _____ Feet

Pool Frame _____ Steel _____ Gunite _____ Concrete

Pool Heater _____ No _____ Yes _____ Heater Fuel Type _____

2 Pool Deck Surface Installation

CONTRACTOR _____ PHONE # _____

ADDRESS _____ LICENSE # _____

Deck Surface Type _____

Additional Work by contractor _____

3 Pool Barrier/Fence Installation

CONTRACTOR _____ PHONE # _____

ADDRESS _____ LICENSE # _____

_____ Fence Height

_____ Gate Height

_____ Fence Material Type

_____ Is the home part of the pool barrier (access doors from home, garage, ect..)

4 Electrical Installation

CONTRACTOR _____ PHONE # _____

ADDRESS _____ LICENSE # _____

Certification of Permit

I hereby certify I am the owner of record of the named property, and that the proposed work is authorized by the owner of record and that I fully aware of contractors listed above responsibilities and I agree to conform to all applicable laws of this jurisdiction.

In Addition, If a permit for work described in this application is issued, I certify that the code official or the code official's representative shall have the authority to enter areas covered by such permit at any hour to enforce provisions of the code(s) applicable to such permit.

Owner(s)
Signature: _____ **Date:** _____ **email address** _____

Approved By: _____ **Date Approved:** _____

Building Official _____ Permit Fee \$ _____ Permit # _____