

# Swimming Pool Enclosure Application Form

Property Information				
Municipal Street Number		Municipal Street Name		
Legal Description				
<b>REGISTERED PLAN</b>	Lot Number	Registered Plan Number	<b>REFERENCE PLAN</b>	Part Number
			Reference Plan	
Are there any registered easements on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, show location of the easement on the site plan				

Proposed Work			
Construction Value	Pool Size	M. _____	Pool Area
\$ _____	_____ X _____	FT. _____	SQ. M. _____
			SQ. FT. _____

☐ INGROUND POOL ☐ ABOVE GROUND POOL ☐ ON GROUND POOL

Property Owner Information		
Last Name		First Name
Street Number	Street Name	Town/City
Postal Code	E-mail address	Phone Number

Agent/Contractor Information		
Last Name		First Name
Street Number	Street Name	Town/City
Postal Code	E-mail address	Phone Number

Declaration	
I _____ of the City/Town of _____	
in the County/Region of _____ do solemnly declare that:	
1. I am the <input type="checkbox"/> owner/ <input type="checkbox"/> authorized agent / <input type="checkbox"/> contractor named on this application.	
2. The proposed work shall be done in accordance with this application and in accordance with plans and specifications on the basis of which the permit is issued and will agree to comply with all applicable provisions of the Town of Caledon Swimming Pool Enclosure By-law	
3. The statements and information provided herein are true and correct, and are made and provided with full knowledge of the circumstances relating to this application, and that I know of no reason why a permit should not be granted pursuant to this application.	
Signature of Applicant: _____ Date: _____	

Personal information contained on this form is collected under the authority of *The Municipal Freedom of Information and Protection of Privacy Act*, and will be used for the purpose of responding to your access request. Questions about this collection should be forwarded to the Town of Caledon Freedom of Information Co-ordinator at 6311 Old Church Road, Caledon, ON L7C 1J6, 905-584-2272.

For Office Use Only			
Date Received		File Number	
Year	Month	Day	
Method of Payment		Payment Amount	Receipt No.
<input type="checkbox"/> Credit/Debit <input type="checkbox"/> Cash <input type="checkbox"/> Cheque			
Checks			
<input type="checkbox"/> Conservation Authority (CVC/TRCA/NEC) <input type="checkbox"/> Oak Ridges Moraine			