

N7560 17th Ave New Lisbon, WI 53950

APPLICATION FOR POOL / HOT TUB / FOUNTAIN PERMIT

Project Address:	
Property Owner:	
Mailing Address:	
City State Zip	
Mailing Address:	,
Please complete the following:	
1. Estimated Cost \$	
2. Check one: In-ground pool Above-ground pool	
Hot Tub/Spa Fountain	
3. Size: by	
4. Indicated on attached site plan the location of the pool; and, setbacks to propert	y lines
and structures (pool shall be a minimum 4' from property lines and 40' from from	
sidewalk. If corner lot, side yard setback shall be 12-1/2' from pool to sidewalk).	
Setbacks: Front Rear Left Right	
5. Indicate on attached site plan all structures on property (i.e.: sheds, decks, garage	ges).
6. Indicate on attached site plan: all underground utilities (shall be a minimum of from the pool wall) OR all overhead utilities (shall be 10' away horizontally side wall of pool).	5' away
Note: Digger's Hotline 800-242-8511	
7. Will the existing yard grade change? Yes No If yes, please indicate prochanges. Also, indicate the yard drainage pattern.	roposed
Applicant's Signature	
Date	

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SITE PLAN

Check one:

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Check one:						Check one:
Neighbor □ Street □					·	Neighbor □ Street □
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IMPORTANT: The narrowest width of the property which abuts a street is considered the front yard.

Street Name

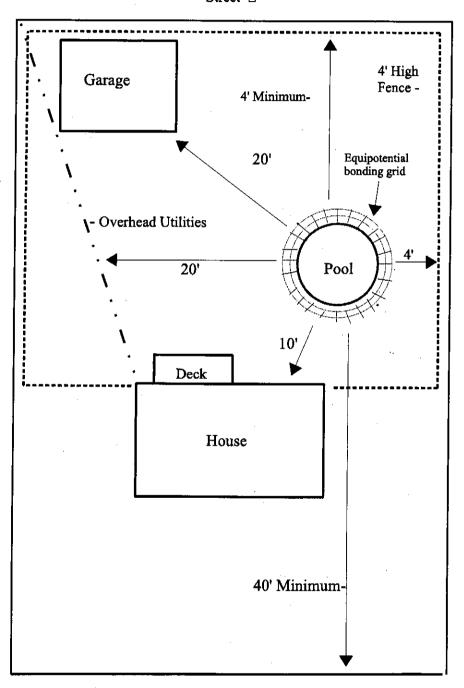
APPLICATION FOR POOL / HOT TUB / FOUNTAIN PERMIT SAMPLE SITE PLAN

Check one:

Neighbor M

Street

Check one: Neighbor X Street □



Check one:

Neighbor X Street □

Street Name