

MUNICIPALITY _____ COUNTY _____

SWIMMING POOL PERMIT APPLICATION
INSPECTIONS AS PER ACT 45 OF THE UCC

INSPECTIONS CALL 610-395-3827 EXT: 1
P.O. Box 423, Orefield, Pa 18069
Fax 610-395-2231

TRACKING # _____ PERMIT # _____ DATE: _____

POOL TYPE: PRIVATE PUBLIC SPA HOT TUB OTHER

OWNER'S NAME: _____

ADDRESS: _____

Street Number and Name

City

State

Zip

PHONE NUMBER(s): _____

CONTRACTOR'S NAME: _____

ADDRESS: _____

Street Number and Name

City

State

Zip

Phone #s Office: _____ Cell: _____ Fax: _____

Site Address: _____

Street Number and Name

City

State

Zip

PHONE NUMBER(s): _____

Applicant Name: _____

Print and Sign