

INGROUND 

 ABOVE GROUND 

 HOT TUB 

 DECK 

### CONTACT INFORMATION

OWNER: _____	APPLICANT: _____
MAILING ADDRESS: _____	MAILING ADDRESS: _____
CITY / PROVINCE: _____	CITY / PROVINCE: _____
POSTAL CODE: _____	POSTAL CODE: _____
PHONE NO.: _____	PHONE NO.: _____
EMAIL: _____	EMAIL: _____

### PROPERTY INFORMATION

MUNICIPALITY: \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_

CIVIC ADDRESS: \_\_\_\_\_

DESCRIPTION OF WORK(S): \_\_\_\_\_

DESCRIPTION OF HOW THE POOL/HOT TUB IS TO BE ENCLOSED TO COMPLY WITH BYLAW REGULATIONS:  
*(height of fence, non-climbable barrier, railing attached to top of pool, etc...)* \_\_\_\_\_

### PROPOSED POOL INFORMATION

Size of Pool / Hot Tub: \_\_\_\_\_ Estimated Value of Pool / Hot Tub: \$ \_\_\_\_\_

### PROPOSED DECK INFORMATION *(if applicable)*

Attached / Detached CIRCLE ONE	Covered / Uncovered CIRCLE ONE	Enclosed / Open CIRCLE ONE
Height <i>(from grade to top of decking)</i> : _____		Estimated Value of Deck: \$ _____

### REQUIRED INFORMATION

Site Plan <input type="checkbox"/>  Detailed Building Plans of the Pool and Deck <i>(engineer sealed plans are required for inground pools / refer to deck booklet for required building plans for decks)</i> <b>Maximum Hard Copy Size of 11" x 17"</b>	Status of Title – <b>Inground Pools and Decks Only</b> <i>(current within 30 days of application)</i> <input type="checkbox"/>  Residential Plan Review Fee payable by debit, cheque or cash <i>(Please refer to fee schedule)</i> <input type="checkbox"/>
--	---

### ADDITIONAL REQUIREMENTS

*(Following application RRPD to advise if further approvals are required – not an exhaustive list)*

Proof of Ownership – <b>Above Ground Pools Only</b> <input type="checkbox"/>	Manitoba Infrastructure and Transportation Approval <input type="checkbox"/>
Manitoba Conservation Approval <input type="checkbox"/>	Letter of Authorization <input type="checkbox"/>
Developers Approval <input type="checkbox"/>	Geotechnical Report <input type="checkbox"/>

### DECLARATION

*The undersigned hereby applies for a permit in accordance with this application, all municipal by-laws and provincial regulations applicable thereto.*

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY:

PLAN REVIEW RECEIPT NO.: _____	ROLL NO.: _____
DATE OF SUBMISSION: _____	ZONE: _____
RECEIVED BY: _____	_____

# DECLARATION

I, the undersigned am the authorized agent/owner named in this application for a permit. I acknowledge that;

1. All statements and representations contained in this application for permit and the plans and specifications are correct, accurate, and adhere to any applicable legislation, by-laws, codes and standards;
2. I am responsible for searching any caveats registered on title and ensuring that the construction complies with the caveats;
3. I am responsible for ensuring the construction complies with any development agreement registered against the title
4. Any unauthorized changes from the plans and specifications or building location as specified in this application shall void the permit;
5. The Principal Authority is relying upon the statements and representations made in the application and in the plans and specifications in considering the permit;
6. The issuance of a permit by the Principal Authority does not waive, amend or change any requirements in another by-law or provincial law and regulations; and I am responsible to ensure that the construction complies with any requirement in another by-law or provincial law and regulations. I understand that this may require me to apply to other agencies requiring permits/approvals;
7. The Principal Authority is not responsible for any claim, loss or damage caused by (1) an error, omission, or incorrect information contained in the application / permit or the submitted plans and specifications, (2) the application for permit and the plans and specifications not adhering to all applicable legislation, by-laws, codes, and standards, or (3) my failure to comply with the terms of the permit.
8. For administrative purposes, where information is missing or required to be included, authorization is given by the undersigned to add information where required in order to complete this application.

APPLICATIONS EXPIRE 6 MONTHS FROM THE ORIGINAL DATE OF SUBMISSION.

## APPLICANT

\_\_\_\_\_ (Print name)

\_\_\_\_\_ (Date)

\_\_\_\_\_ (Signature)

## OWNER

\_\_\_\_\_ (Print name)

\_\_\_\_\_ (Date)

\_\_\_\_\_ (Signature)