

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 SAFETY 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> Maximum Hard Copy Size of 11" x 17"	Status of Title – Inground Pools and Decks Only <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"/>
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ADDITIONAL REQUIREMENTS

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

Proof of Ownership – Above Ground Pools Only <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: _____	