



**POOL & POOL DECK
PERMIT APPLICATION**

Submit to:
Fax: (920) 693-3695
Email: dlalonde@clevelandwi.gov
Mail: Village of Cleveland
PO Box 87
Cleveland WI 53015

Owner: _____ Date: _____

Mailing Address: _____ Telephone: _____

Physical Address or Location, if different than above: _____

Estimated Cost of Project: \$ _____ Anticipated Start Date: _____

PROJECT TYPE: ___New ___Remodel/Repair ___Razing ___Fence ___Deck, Stairs, or Other Access

POOL TYPE (check all that apply): ___Above-Ground ___In-Ground ___Spa

PERMIT TYPE (check all that apply): ___Construction ___HVAC ___Electrical ___Plumbing

FACILITY IS: ___Private ___Public ___Other (_____)

Pool dimensions: Diameter _____ or Length _____ and Width _____
Height _____ [Height above highest point of grade for above-ground pools]

Fencing: ___New ___Existing Fence Height: _____
Type/Materials _____

Decking: ___New ___Existing ___Attached to residence ___Detached Deck Height: _____
Type/Materials _____
Description of Footings _____

Stairways: Type/Materials _____
Stairway Width _____ Railing Height _____
Distance between Newel Posts _____ Distance between Balusters _____

Gates: Description of Gates _____
NOTE: Gates must be self-closing and self-latching.

Grading: Will your project require a change in finished grade near the pool? ___Yes ___No

Submit the following to the Clerk's Office with this application:

- 1. Survey or accurate drawing of the property showing all existing structures, proposed or existing pool location, fencing, and overhead or underground electrical wiring.
- 2. Copy of the brochure or other manufacturer's documentation showing the type, style, etc., of the pool or spa to be installed.

Fees double if work is started without a permit.

OVER →

If a property owner hires a contractor to perform work under this building permit and the contractor is not bonded or insured as required under s. 101.654(2)(a), Wis. Stats., the following consequences might occur:

- (a) The owner may be held liable for any bodily injury to or death of others or for any damage to the property of others that arises out of the work performed under the building permit or that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.
- (b) The owner may not be able to collect from the contractor damages for any loss sustained by the owner because of a violation by the contractor of the one- and two-family dwelling code or an ordinance enacted under sub. (1) (a), because of any bodily injury to or death of others or damage to the property of others that arises out of the work performed under the building permit or because of any bodily injury to or death of others or damage to the property of others that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.

POOL/SPA INSTALLER.....

Name _____ Address _____
Telephone _____

PLUMBER.....

Name _____ Address _____
Telephone _____
Credential # _____ Type: ___ Master Plumber ___ Other (_____)

ELECTRICIAN.....

Name _____ Address _____
Telephone _____
License # _____ Type: ___ Electrical Contractor ___ Electrical Contractor-Restricted

(Required effective 4/1/2014 by 2013 Wis Act 143) If the electrician does not have a license, DSPS recommends verification of eligibility for grandfathering be obtained as follows: (1) Confirm the individual's date of birth is on or prior to 1/1/1956; and (2) collect verbal attestation that the individual has 15 years of experience.

HVAC

Name _____ Address _____
Telephone _____
HVAC Contractor Registration # _____ Type: ___ HVAC Contractor ___ HVAC Contractor-Qualifier

The undersigned hereby applies for a permit to do the work herein described; agrees to comply with the Municipal Ordinances and the conditions of this permit; understands that issuance of this permit creates no legal liability, either expressed or implied, of the Department, Municipality, Agency or Inspector; and certifies that all of the above information is accurate. **The Applicant is responsible for contacting the Inspector to arrange for inspections.**

NAME OF APPLICANT: *Please print:* _____ *Date:* _____
Signature: _____

If approved, this permit is issued pursuant to the Village of Cleveland ordinances and is based on the information provided by the Applicant. The Village assumes no responsibility for the suitability of the property for the purpose of the permit. The permit is issued for the convenience of the Village to determine compliance with the Village code and is not intended to be relied upon by the Applicant or owner for any other purpose.

(For Office Use Only)

Tax Parcel No.:	_____	Current Zoning:	_____	Payment:	___ Cash ___ Check # _____
Construction:	\$ _____	Plumbing:	\$ _____	Approved:	_____
Special Inspection:	\$ _____	Start w/o Permit:	\$ _____	Date:	_____
HVAC:	\$ _____	10% Admin Fee:	\$ _____	Inspections:	_____
Electrical:	\$ _____	TOTAL:	\$ _____		