

☐ Deck

Pool Enclosure Permit Application Building Code Services

Municipal Address:			Lot No.	Plan No.	
Municipal Address.			LOT NO.	riali NO.	
Application to install a pool enclosure arou	ınd an:				
○ In Ground Pool ○ Above Ground	Pool Semi In	Ground Pool CH	ot Tub	Other	
if Other, specify:					
Applicant/Agent:					
Name Ei		Email			
Address			Postal Code		
Phone Number	Cell Number		Fax Number	Fax Number	
Property Owner same as	Applicant				
Name	Email	nail			
Address				Postal Code	
Phone Number	Cell Number		Fax Number	Fax Number	
Contractor same as	Applicant				
Name Email					
Address				Postal Code	
Phone Number	Cell Number		Fax Number	Fax Number	
Declaration of Applicant					
certify that the information contained	on this application a	and attached plans is	true to the best o	f my knowledge.	
Signature of Applicant Date					
Personal information is collected under the authority contacting the permit applicant, issuing the permit a Building Code Services at 613-580-2424, ext. 29312 or	nd collecting associated	fees. Questions about this			
For Office Use Only					
Application Number:		Permit Number:			
Date Received:		Date Issued:			
Construction Permit Required:		Related Plumbing:			
☐ No OR ☐ Accessory Building		□Yes	□No		