

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 ☐ HOTTUB ☐ OTHER

OWNER'S NAME : _____

ADDRESS _____

Street Number and Name

City

State

Zip

PHONE NUMBERS _____

CONTRACTOR NAME: _____

ADDRESS _____

Street Number and Name

City

State

Zip

Phone Number Office: _____ Cell: _____ Fax: _____

SITE ADDRESS APPLICANT _____

Street Number and Street Name

City

State

Zip

PHONE NUMBERS _____

Applicant Name: _____

Print and Sign

Lehigh Valley Inspection Services PO Box 423 Orefield, PA 18069 610-395-3827 800-431-5947