



BUILDING DIVISION

8850 McLaughlin Road, Unit 1
Brampton, ON L6Y 5T1

POOL FENCE ENCLOSURE PERMIT APPLICATION

DATE STAMP	APPLICATION NUMBER	
	ACCEPTED BY	BUILDING FILE #

The personal information on this form is collected under authority of Section 11 of the Municipal Act, SO 2001, c. 25 and City of Brampton By-law 202-2011. The information will be used only to process the pool enclosure permit application. Questions about the collection of personal information should be directed to the City of Brampton Freedom of Information and Privacy Coordinator, telephone 905-874-2118.

TO THE DIRECTOR OF BUILDING: Pursuant to the City of Brampton Pool Fence By-law 202-2011, as amended, the undersigned hereby applies for a permit to erect a pool fence enclosure as described on this application and the documents submitted herewith.

LOCATION	STREET NO.	STREET NAME		UNIT NO.
	LOT/BLK	PLAN/CON	REFERENCE PLAN (If Applicable)	
PROPERTY OWNER	NAME			
	STREET NO.	STREET NAME		UNIT NO. PHONE NO.
	CITY	PROVINCE	POSTAL CODE	FAX
POOL TYPE	INGROUND <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> HOT TUB / SPA WITH >2 FT OF WATER <input type="checkbox"/>			
POOL LOCATION	INTERIOR LOT <input type="checkbox"/> CORNER LOT <input type="checkbox"/>			
POOL CONTRACTOR / FENCE INSTALLER	NAME OF COMPANY		CONTACT	
	STREET NO.	STREET NAME		UNIT NO. PHONE NO.
	CITY	PROVINCE	POSTAL CODE	FAX NO.
FENCE CONSTRUCTION	WOOD <input type="checkbox"/> CHAIN LINK <input type="checkbox"/> OTHER _____			

I, of	LAST NAME		FIRST NAME		PHONE NO.
	STREET NO.	STREET NAME		UNIT NO.	FAX NO.
	CITY	PROVINCE	POSTAL CODE	MOBILE/PAGER NO.	

Do hereby declare the following:

- THAT I am
 - the property owner as stated above
 - the owner's authorized agent
 - an officer/employee of _____ which is an authorized agent of the owner
- THAT the statements made and the information provided herein are true and correct and are made and provided with full knowledge of the circumstances relating to this application
- THAT I know of no reason why a permit should not be granted pursuant to this application
- WHERE applicable only personnel licensed by the City of Brampton will be employed on this project

Applicant's Signature

Date

OFFICE USE ONLY

RECEIPT NO.	
<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque <input type="checkbox"/> Other
FEES	
Permit Fee \$	
Copies \$	
Total Fee \$	

CHECKLIST
<input type="checkbox"/> Survey
<input type="checkbox"/> Site Plan
<input type="checkbox"/> Hydro One Approval
<input type="checkbox"/> Works and Transportation Approval
Access Permit # _____
Fill Permit # _____
<input type="checkbox"/> Fence Details

REVIEWED BY (ZONING)
SIGNATURE
DATE

COMMENTS

ISSUANCE OF PERMIT AUTHORIZED	DATE