

Return application & permit fee to:  
 City of Shawano Building Inspector  
 127 S. Sawyer Street  
 Shawano WI 54166  
 Tele: (715)526-6150 Fax: (715)526-5751

PERMIT FEE: \$40.00  
 PERMIT NO.: \_\_\_\_\_

**CITY OF SHAWANO**  
**APPLICATION TO ERECT SWIMMING POOL**  
*(For swimming pools that contain more than 24" of water)*

Date: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Property Address: \_\_\_\_\_

Owner's Agent (if not owner): \_\_\_\_\_

Cost: \$ \_\_\_\_\_

**DESCRIPTION OF SWIMMING POOL**

Height: \_\_\_\_\_ Depth: \_\_\_\_\_

Type of swimming pool (above or below ground): \_\_\_\_\_

Placement of pool on property: \_\_\_\_\_

To be installed by: \_\_\_\_\_

**TRIPLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED.**

**IMPORTANT!! POOLS MUST BE COMPLETELY ENCLOSED BY A FENCE OF NOT LESS THAN 5 FEET NOR MORE THAN 6 FEET IN HEIGHT. GATES SHALL BE PROVIDED WITH LOCKING DEVICES. FENCING MUST BE ERECTED WITHIN 5 DAYS OF COMPLETION OF THE POOL. A FENCE PERMIT (\$40.00) IS REQUIRED.**

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate.

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PERMIT EXPIRATION: Permit expires one year from the date of issuance.**

Additional information/comments: \_\_\_\_\_

<b>Permit Issued by Municipal Agent:</b>		<b>Zoning Administrator Approval:</b>
Name: _____	Date: _____	

<b>Office Use Only</b>			
Ck#/cash: _____	Date: _____	Receipt #: _____	Rec'd by: _____