

# POOL, SPA & HOT TUB PERMIT APPLICATION PACKET

- A permit is required for both an above-ground pool and an in-ground pool.
- If you are installing a pool and a hot tub or spa at the same time, only one permit is needed.
- A barrier (fence, wall or combination) that completely surrounds the pool and obstructs access must be installed around in-ground pools if the water depth is over 18 inches. Above-ground pools four feet or higher with a retractable ladder do not require a fence.
- All in-ground pools require a bonding and final electrical inspection. All above-ground pools require a final electrical inspection.

## POOL, SPA & HOT TUB PERMIT APPLICATIONS MUST INCLUDE THE FOLLOWING ITEMS. INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT.

1. **POOL, SPA & HOT TUB PERMIT APPLICATION.** Complete all applicable sections of the Pool, Spa & Hot Tub Permit Application, and sign and date the application.
2. **A DETAILED PLAN.** Provide a detailed, accurate, and legible site plan that shows existing buildings and proposed improvements, setbacks from property lines, and the other information we need to determine if the project meets Township requirements. See the Pool, Spa & Hot Tub Application form for more information.
3. **BUILDING AND IMPERVIOUS COVERAGE CALCULATIONS.** There is a limit to how much impervious surface can be added to any property in the Township... and yes, the entire surface of a pool is considered impervious, because a pool doesn't allow water to infiltrate into the ground. Complete the Building and Impervious Coverage Calculation form to calculate how much building and impervious coverage exists today, and how much will exist after the project is completed. Some of the information you'll need to complete this calculation – like the property size, house dimensions, and tax parcel number – can be found at [lanasterpa.devnetwedge.com](http://lanasterpa.devnetwedge.com).
4. **CERTIFICATE OF INSURANCE.** If your project is being completed by a contractor – as are most pool, spa and hot tub projects – the contractor must provide a certificate of insurance that names the Township as a certificate holder and additional insured, to be listed as “East Cocalico Township, 100 Hill Road, Denver PA 17517.” The contractor must also complete the Pennsylvania Workers Compensation Insurance Coverage Information form.
5. **HOME IMPROVEMENT CONTRACTOR VERIFICATION.** If your project is being completed by a contractor on a residential property, State Law requires the contractor to register as a home improvement contractor with the Office of the Pennsylvania Attorney General. Ask your contractor to provide his/her current license, or visit [hicsearch.attorneygeneral.gov](http://hicsearch.attorneygeneral.gov) to download and print the contractor's license status (it must be valid), and submit this information to the Township.
6. **PERMIT FEE.** The permit fee must be paid at the time the application is submitted. Fees vary by project type. Visit [ect.town](http://ect.town) to view the current Fee Schedule.

**Questions before you dive-in?**

**Call the Township at (717) 336-1720, or e-mail [twp@ect.town](mailto:twp@ect.town).**

# EAST COCALICO TOWNSHIP

100 Hill Road, Denver, PA 17517

717-336-1720 • ect.town

## POOL, SPA & HOT TUB PERMIT APPLICATION

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### PROPERTY INFORMATION

address \_\_\_\_\_ tax parcel number \_\_\_\_\_

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### APPLICANT INFORMATION

name \_\_\_\_\_

address \_\_\_\_\_

phone \_\_\_\_\_ e-mail \_\_\_\_\_

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### APPLICANT INFORMATION *(if not property owner)*

name \_\_\_\_\_

address \_\_\_\_\_

phone \_\_\_\_\_ e-mail \_\_\_\_\_

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### CONTRACTOR INFORMATION *(if any)*

name \_\_\_\_\_

address \_\_\_\_\_

phone \_\_\_\_\_ e-mail \_\_\_\_\_

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## PROPOSED IMPROVEMENTS

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### PLAN CHECKLIST

A plan must be provided with this application. The site plan must include information needed to determine if the proposed improvements meet building code, zoning, and other Township requirements. A permit application will not be reviewed if incomplete plan is submitted. The plans must include, where applicable...

①	property boundaries	⑥	proposed improvement setbacks to all property lines
②	existing structures	⑦	location of on-lot wells and/or on-lot septic systems
③	proposed improvements	⑧	location of any easements
④	street(s) that front the property	⑨	heights of all proposed structures
⑤	location of all fences, walls, other barriers, and gates	⑩	<b>all electrical grounding and bonding information, including a complete wiring diagram (IMPORTANT!)</b>

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### SOME OTHER ITEMS FOR IN-GROUND POOLS ONLY (*no decking, just the pool*),

- length: \_\_\_\_\_ feet
  - width: \_\_\_\_\_ feet
  - surface area: \_\_\_\_\_ square feet
  - maximum depth: \_\_\_\_\_ feet
  - diving board: \_\_\_\_\_ yes \_\_\_\_\_ no
  - fence style: \_\_\_\_\_
  - fence height: \_\_\_\_\_ feet (*must be at least four feet*)
  - self-locking gate: \_\_\_\_\_ yes \_\_\_\_\_ no
  
  - Will there be electric wires directly above the pool or within 18 feet of the water? \_\_\_\_\_ yes \_\_\_\_\_ no
  
  - Describe the filtration system below:
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**SOME OTHER ITEMS FOR ABOVE-GROUND POOLS ONLY** (*no decking, just the pool*),

- length: \_\_\_\_\_ feet
- width: \_\_\_\_\_ feet
- diameter: \_\_\_\_\_ feet
- pool wall height: \_\_\_\_\_ feet
- surface area: \_\_\_\_\_ square feet
- maximum depth: \_\_\_\_\_ feet
- fence style: \_\_\_\_\_ (*if needed*)
- fence height: \_\_\_\_\_ feet (*must be at least four feet, if needed*)
- self-locking gate: \_\_\_\_\_ yes \_\_\_\_\_ no
  
- Will there be electric wires directly above the pool or within 18 feet of the water? \_\_\_\_\_ yes \_\_\_\_\_ no
  
- Describe the filtration system below:

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**ACKNOWLEDGMENT & SIGNATURE**

As Owner or authorized agent of the project I certify that:

- To the best of my knowledge and belief, all information herein true, correct, and complete, and I understand that any false statement may result in a work stoppage and/or revocation of this Zoning Permit.
- This project will be constructed and/or use conducted in accordance with the approved Zoning Permit and pursuant to all applicable Township ordinances.
- By signing this application, I hereby authorize the East Cocalico Township Zoning Officer or other Township representative to enter the property if necessary to confirm compliance with the Zoning Permit and applicable Township ordinances.
- Any proposed changes to this project or use after the Zoning Permit is issued will require approval by the East Cocalico Township Zoning Officer.

signature: \_\_\_\_\_ date: \_\_\_\_\_

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**TOWNSHIP USE ONLY**

permit #

fee paid

cash / check no.

# LOT COVERAGE CALCULATIONS & STORMWATER REQUIREMENTS

APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please complete the calculations below to determine the total existing and proposed lot coverages, and return this form with your permit application. This information is needed to issue a permit for your project. This form is also used to determine if stormwater management will be required for your project.

## STEP 1: CALCULATE EXISTING LOT COVERAGE

- A. \_\_\_\_\_ sf existing home/office/building  
B. \_\_\_\_\_ sf existing garage  
C. \_\_\_\_\_ sf existing shed  
D. \_\_\_\_\_ sf existing driveways & walkways  
E. \_\_\_\_\_ sf existing patio (do not include if constructed with pervious pavers)  
F. \_\_\_\_\_ sf existing pool and coping  
G. \_\_\_\_\_ sf existing covered deck  
H. \_\_\_\_\_ sf existing other \_\_\_\_\_  
I. \_\_\_\_\_ sf total existing lot coverage (*add Lines A through H*)  
J. \_\_\_\_\_ sf property size (to find you property size visit [lanasterpa.devnetwedge.com](http://lanasterpa.devnetwedge.com))  
K. \_\_\_\_\_ sf existing % lot coverage (*Line I divided by Line J*)

## STEP 2: CALCULATE PROPOSED LOT COVERAGE CHANGES

- L. \_\_\_\_\_ sf for all proposed improvement(s): \_\_\_\_\_  
M. \_\_\_\_\_ sf for all impervious area(s) to be removed: \_\_\_\_\_  
N. \_\_\_\_\_ sf proposed net change in impervious area (*Line L minus Line M*)

## STEP 3: CALCULATE PROPOSED LOT COVERAGE

- O. \_\_\_\_\_ sf proposed lot coverage (*add Line I and Line N*)  
P. \_\_\_\_\_ % proposed % lot coverage (*Line O divided by Line J*)

## STEP 4: DETERMINE STORMWATER MANAGEMENT REQUIREMENTS

- Q. \_\_\_\_\_ sf proposed net change in impervious area (*Line N*)  
R. \_\_\_\_\_ sf impervious area added 8/6/2003-present (not included in current stormwater management)  
S. \_\_\_\_\_ sf area requiring stormwater management (*add Line Q and Line R*)

If Line S is less than 1,000 sf, then stormwater management is waived for now.

If Line S is between 1,000 and 1,999 sf, then a simplified stormwater management plan ("small project") is required.

If Line S is 2,000 sf or greater, then a complete engineered stormwater management plan is required.

## PENNSYLVANIA WORKERS COMPENSATION INSURANCE COVERAGE INFORMATION

### A. The Applicant Is

A contractor within the meaning of the Pennsylvania Workers' Compensation Law ☐ Yes ☐ No

If the answer is "Yes" complete Section B and C below as appropriate.

### B. Insurance Information

Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_

☐ Applicant is a qualified self-insurer for workers' compensation

Attach insurance certificate

☐ Applicant carries workers' compensation coverage with an insurance company

Name of Workers' Compensation Insurer: \_\_\_\_\_

Workers' Compensation Policy No.: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

Attach insurance certificate

### C. Exemption

Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of the Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

☐ Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.

☐ Religious exemption under the Workers' Compensation Law.

### D. Signature

My signature as the contractor indicates my understanding of the requirements to provide proof of Workers' Compensation Insurance as need and verifies that all statements made above are true. I understand that if I am a contractor requesting an exemption under the Workers' Compensation Act, I must sign this form in front of a notary public.

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

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF LANCASTER

ON THIS, the \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_, before me, the undersigned officer, personally appeared \_\_\_\_\_, and being authorized to do so, executed this instrument for the purposes contained herein.

IN WITNESS WHEREOF, I hereto set my hand and official seal.



NOTARY PUBLIC

My commission expires: \_\_\_\_\_