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 the in-ground pool/s 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 the property lines, and the other information we need to determine if the project meets Township requirements. Four sets of plans must be submitted.

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 Lot Coverage Calculations & Stormwater Requirements form (page 4) to calculate how much building and impervious coverage exist 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 lancasterpa.devnetwedge.com.

4) **CERTIFICATE OF INSURANCE**. If your project is being completed by a contractor (and most pool, spa and hot tub projects are) your 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** (page 5).

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 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 I submitted. Fees vary by project type. Visit ect.town to view the current Fee Schedule. Cash or check only (no cards). Checks payable to East Cocalico Township. Mail and/or drop off (M-F 7am-4:15pm) your permit with fee to: East Cocalico Township, 100 Hill Road, Denver, PA 17517. Permits received without the fee will be placed on hold until the fee is received.

7) **NO WORK SHALL BEGIN** UNTIL THE PERMIT HAS BEEN ISSUED.

Questions? Call the Township at (717) 336-1720, or e-mail twp@ect.town.

EAST COCALICO TOWNSHIP

100 Hill Road, Denver, PA 17517

717-336-1720 ♦ ect.town ♦ Mon-Fri 7am-4:30pm

POOL, SPA & HOT TUB PERMIT APPLICATION

ZONING APPROVED : _____ **PERMIT # :** _____
Approved by Date

PROPERTY INFORMATION:

Tax Parcel #: 080- - 0-0000
Example: 080-00000-0-0000

ZONING DISTRICT: (check one)

- ☐ Agricultural
- ☐ Conservation
- ☐ Light Industrial
- ☐ Rural Residential
- ☐ Other *(describe below)*
- ☐ Suburban Residential
- ☐ Mobile Home Park
- ☐ General Commercial

Address: _____
Address, City, State, Zip

APPLICANT INFORMATION

name _____

address _____

phone _____ e-mail _____
(area code)

APPLICANT INFORMATION *(if not property owner)*

name _____

address _____

phone _____ e-mail _____
(area code)

CONTRACTOR INFORMATION *(if any)*

name _____

address _____

phone _____ e-mail _____
(area code)

PROPOSED IMPROVEMENTS

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	**All electrical grounding and bonding information, including a complete wiring diagram (IMPORTANT!)**

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: _____
- Fence style _____
- Fence height: _____ feet *(must be at least four feet)*
- Self-locking gate: _____
- Will there be electric wire directly above the pool or within 18 feet of the water? _____
- Describe the filtration system below:

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 Permit.
- This project will be constructed and/or use conducted in accordance with the approved Permit and pursuant to all applicable Township ordinances.
- By signing this application, I hereby authorize the East Cocalico Township Zoning Officer, Building Inspector, or other Township representative to enter the property if necessary to confirm compliance with the Permit and applicable Township ordinances.
- Any proposed changes to this project or use after the Permit is issued will require approval by the East Cocalico Township.

signature: _____ date: _____

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.	0.00	sf	total existing lot coverage *(add Lines A through H)*
J.	_____	sf	property size (to find your property size, visit lancasterpa.devnetwedge.com)
K.	0.00%	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.	0.00	sf	proposed net change in impervious area *(Line L minus Line M)*

STEP 3: CALCULATE PROPOSED LOT COVERAGE

O.	_____	sf	for all proposed improvement(s): _____
P.	_____	sf	for all impervious area(s) to be removed: _____

STEP 4: DETERMINE STORMWATER MANAGEMENT REQUIREMENTS

Q.	0.00	sf	proposed net change in impervious area *(Line N)*
R.	_____	sf	impervious area added 8/6/2003 to present (not included in current stormwater mgmt.)
S.	0.00	sf	area requiring stormwater management *(add Line Q and Line R)*

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

If Line S is between 1,000 and 1,999 sf, 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.

_____

SEAL

NOTARY PUBLIC
My commission expires: _____

FOR CODE ADMINISTRATOR USE ONLY
ADDITIONAL PERMITS/APPROVALS REQUIRED

PERMIT # _____

☐	STREET CUT/DRIVEWAY	APPROVED _____
☐	PENNDOT HIGHWAY OCCUPANCY	APPROVED _____
☐	DEP FLOODWAY OR FLOODPLAIN	APPROVED _____
☐	EROSION AND SEDIMENT CONTROL PLAN	APPROVED _____
☐	SEWER CONNECTION	APPROVED _____
☐	ON-LOT SEPTIC	APPROVED _____
☐	ZONING	APPROVED _____
☐	PUBLIC WATER CONNECTION	APPROVED _____
☐	STORMWATER	APPROVED _____
☐	OTHER _____	APPROVED _____

APPROVALS

BUILDING PERMIT DENIED: Date _____ Date Returned: _____

BUILDING PERMIT APPROVED: Date _____

CODE ADMINISTRATOR _____

Date Issued: _____ Date Expires: _____

BUILDING PERMIT FEE	$ _____	Receipt # _____
ZONING PERMIT FEE	$ _____	Receipt # _____
PLUMBING PERMIT *(if appl.)*	$ _____	Receipt # _____
MECHANICAL PERMIT *(if appl.)*	$ _____	Receipt # _____
ELECTRICAL PERMIT *(if appl.)*	$ _____	Receipt # _____
DRIVEWAY PERMIT *(if appl.)*	$ _____	Receipt # _____
CURB AND SIDEWALK *(if appl.)*	$ _____	Receipt # _____
CERTIFICATE OF OCCUPANCY	Y or N	FEE: $ _____
PLAN REVIEW	Y or N	FEE: $ _____

ZONING INFORMATION

LOT SIZE: _____ ZONE: _____

Minimum Setback Front Yard (from right-of-way line) _____

Minimum Setback Rear Yard _____

Minimum Setback Side Yard – Each Side / Aggregate _____

BUILDING DIMENSIONS

Existing Building Area:	_____ sq. ft.	Number Of Stories:	_____
Proposed Building Area:	_____ sq. ft.	Height of Structure Above Grade:	_____ ft.
Total Building Area:	_____ sq. ft.	Area of the Largest Floor:	_____ sq. ft.

THIS PAGE FOR CODE ADMINISTRATOR USE ONLY