



OAK CREEK
— WISCONSIN —

CITY OF OAK CREEK
8040 S. 6th STREET • OAK CREEK, WI 53154
PHONE (414) 766-7002

SWIMMING POOL PERMIT APPLICATION

Permit No.

Parcel No.

PROJECT ADDRESS:

Property Owner's Name		Property Owner's Email	
Property Owner's Mailing Address, City, State & Zip (if different from Project Address)			Phone ()
Contractor's Business Name		Contractor's Email	
Contractor's Business Mailing Address, City, State & Zip			Phone ()

ESTIMATED PROJECT COST \$

SETBACKS: Distance (feet) from lot lines to the pool. **(Standing in the backyard, with your back against the house).	Rear	Left	Right	Distance from main structure: Ft.
	Ft.	Ft.	Ft.	

POOL DESIGN (Required)

Circle one: Above ground Inground

Style: (circle one) Round Oval Rectangle Other:

Height (pool wall from grade): _____ Ft

Size:

Any other information:

The applicant agrees to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understands that issuance of the permit creates no legal liability, express or implied, on the Department or Municipality; and certifies that all of the above information is accurate.

PRINT CONTACT PERSON _____ Phone () _____

SIGNATURE OF APPLICANT _____ Date _____

**FINAL INSPECTION IS REQUIRED WHEN COMPLETED
AN ELECTRICAL PERMIT MAY BE REQUIRED**

**MINIMUM 24-HOUR NOTICE IS REQUIRED FOR ALL INSPECTION REQUESTS
SCHEDULING WILL BE BASED ON ORDER RECEIVED AND STAFF AVAILABILITY.**

OFFICE USE (check list)	FEES	PAYMENT
<input type="checkbox"/> Application <input type="checkbox"/> Plat of Survey with pool shown <input type="checkbox"/> Setbacks filled in <input type="checkbox"/> Pool design filled in <input type="checkbox"/> Estimated cost	TOTAL \$60.00	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> None