



**CORPORATION DE LA CITÉ DE /  
OF THE CITY OF CLARENCE-ROCKLAND**  
1560, rue Laurier Street, Rockland, ON K4K 1P7  
Tel: (613) 446-6022 / Fax: (613) 446-1497  
[www.clarence-rockland.com](http://www.clarence-rockland.com)

**APPLICATION FOR A PERMIT**

Applicants are required to submit a fully completed application for each permit applied for.

ABOVE GROUND POOL  125.00\$      INGROUND POOL  125.00\$      SPA  125.00\$

A performance deposit of 100.00\$ is required with the permit fee. The deposit will be reimbursed once the inspection is booked by you and demonstrates conformance with the municipal laws.

1. Owner: \_\_\_\_\_ Address: \_\_\_\_\_
2. Telephone Number: Residence: \_\_\_\_\_ Office: \_\_\_\_\_ Cellular: \_\_\_\_\_
3. Contractor: \_\_\_\_\_ Address: \_\_\_\_\_
4. Telephone Number: Office: \_\_\_\_\_ Cellular: \_\_\_\_\_ Fax: \_\_\_\_\_
5. Estimated Cost of Works: \_\_\_\_\_ \$
6. Location of work: Civic address: \_\_\_\_\_
7. Water Supply: Municipal  Private Well       Sewers: Municipal  Private
8. Size of pool: \_\_\_\_\_ Depth of pool: \_\_\_\_\_
9. Type of fence: Plastic  Wood  Steel  Chain link       Height: \_\_\_\_\_
10. Additional information: \_\_\_\_\_

**LOCATION PLAN**

Identify the location of the pool / spa / equipment and/or fence with clear distances. Identify the property lines, street or road names and existing buildings on the lot. Identify the location of the septic field and the tank.

All the statements and representations contained in the attached documents filed in support of this application shall be deemed part of this application for all purposes. Sufficient information shall be submitted with each application to enable the Chief Building Official to determine whether or not the proposed work will conform to the municipal regulations and any other applicable law.

**DECLARATION:** I \_\_\_\_\_ am the authorized owner/agent of the owner mentioned in the above application and certify the truth of all the statements or representations contained therein. I understand that the issuance of a permit shall not be deemed a waiver of any of the provisions of any by-laws or applicable laws, notwithstanding anything included in or omitted from the plans or other material filed in support of or in connection with the above application. I acknowledge that in the event a permit is issued, any departure from specific conditions, plans, specifications or locations proposed in the above application is prohibited and could result in the permit being revoked. I further acknowledge that in the event the permit is revoked for any cause or irregularity or non-conformity with municipal by-laws or applicable laws, there shall be no claim whatsoever against the municipal corporation or any official thereof and any such claim is hereby expressly waived.

Signed at \_\_\_\_\_, Ontario      Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Office of Building Official

**FOR OFFICE USE ONLY / THIS IS NOT A PERMIT**

Date application was received and completed: \_\_\_\_\_      Permit Number: \_\_\_\_\_

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