

TOWN OF ERIN

#5684 Trafalgar Rd., RR #2
Hillsburgh, Ontario N0B 1Z0
www.erin.ca



Building Department

Tel: (519) 855-4407
Fax: (519) 855-4821
E-mail: building@erin.ca

Application for Swimming Pool Enclosure Permit

Date Received:		Permit Number:		
		Roll Number:		
A: Location of Proposed Swimming Pool				
Street Address:				
Property is: <input type="checkbox"/> Assumed by the Town of Erin <input type="checkbox"/> Un-assumed by the Town of Erin		The following documents must be included with this application: <input type="checkbox"/> Survey/ Site Plan & <input type="checkbox"/> Undertaking and Indemnification (if assumed) <input type="checkbox"/> Developers clearance letter (if un-assumed)		
B. Property Owner Information:				
Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Authorized agent of owner (OA required)				
Last Name:		First Name:	Company:	
Street Address:				
Municipality:		Postal Code:	Province:	
Telephone:		Cell:	Email:	
C. Contractor Information (if known):				
Last Name:		First Name:	Company:	
Street Address:				
Municipality:		Postal Code:	Province:	
Telephone:		Cell:	Email:	
D. Type of Swimming Pool				
<input type="checkbox"/> Above Ground	<input type="checkbox"/> In-ground Pool	<input type="checkbox"/> Inflatable	<input type="checkbox"/> Hot Tub	<input type="checkbox"/> On-Ground Pool
Estimated cost of pool:				
E. Type of Enclosure				
<input type="checkbox"/> Chain Link	<input type="checkbox"/> Wood Boards	<input type="checkbox"/> Surround Deck	<input type="checkbox"/> Wrought Iron	
<input type="checkbox"/> Other				
Additional Comments:				
F. Declaration of Applicant				
I _____		certify that:		
(print name)				
1. The information contained in this application, attached schedules, attached plans and specifications and other attached documentation is true to the best of my knowledge.				
2. I have authority to bind the corporation or partnership (if applicable).				
3. As the property owner/authorized agent, it is my responsibility to review the title to my lands to determine if there are any restrictions via easements or development agreements for the construction that I am proposing. I will review such documents prior to construction and should any restriction exist, contact the appropriate authority(s) to determine if my proposed construction can proceed.				
Date:		Signature of Applicant:		
OFFICE USE ONLY:				
Permit: \$			Total: \$	

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Undertaking and Indemnification Form

G. Owner / Payor Information		
Last Name:	First Name:	Company:
Address of Owner / Payor: <input type="checkbox"/> Same as Section B. <input type="checkbox"/> Same as Section C.		
or:		
Street Address:		
Municipality:	Postal Code:	Province:
Telephone:	Cel:	Email:

In consideration of permission to construct a pool and travel over Town of Erin (Town) lands in order to facilitate construction on the Owner's property, the Owner(s) covenant(s) and agree(s) as follows:

- To remove all excavated material from the property and to dispose of said material at an approved location for which written permission has been granted. No construction material and/or debris shall be placed on Town parklands, open spaces and/or the travel portion of the Town's boulevards and/or roadways.
- Not to alter or obstruct the existing/designed drainage patterns or easements.
- To restore the Town's land, at the Owner's sole expense, to at least its condition as it existed immediately prior to access for the purposes of pool construction (subject of this undertaking) forthwith upon completion of construction or sooner, as requested by the Town.

In the event the Owner(s) fail(s) to complete the restoration of any Town lands to the satisfaction of the Roads Superintendent and after seven (7) days written notice by the Town of its intention to complete the restoration, the Town shall complete the restoration at the Owner's expense.

In order to cover the total restoration costs, the Owner(s) covenant(s) and agree(s) to pay to the Town all costs incurred by the Town for restoration work. Payment of any outstanding balances shall be in a manner satisfactory to the Director of Finance. Alternatively, the Town shall collect any outstanding balances owed to the Town through municipal taxes.

Dated at the Town of Erin this _____ day of _____, 20_____

Print Name of Owner/Payor

Signature of Owner/Payor

Original – Building Dept.
1 copy – Homeowner
1 copy – Roads Dept.
1 copy – Finance Dept.