

# BOROUGH OF SOUTH GREENSBURG

## - APPLICATION FOR SWIMMING POOL PERMIT -

NAME OF APPLICANT:

CONTRACTOR:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

Phone No: \_\_\_\_\_

Phone No. \_\_\_\_\_

- Worker's Compensation Insurance Certificate  
attached (contracted work)  
or  
 Worker's Compensation Insurance Affidavit  
attached (non-contracted work)

Zoning District \_\_\_\_\_

Tax Map No. \_\_\_\_\_

\_\_\_\_\_  
Size of Lot \_\_\_\_\_

PLOT PLAN:  Attached  Sketched on Back

Front Yard Setback \_\_\_\_\_

FEES:  In Ground Pool 50.00  
 Above Ground Pool 25.00

Side Yard Setback \_\_\_\_\_

Rear Yard Setback \_\_\_\_\_

Total Cost of Construction \_\_\_\_\_

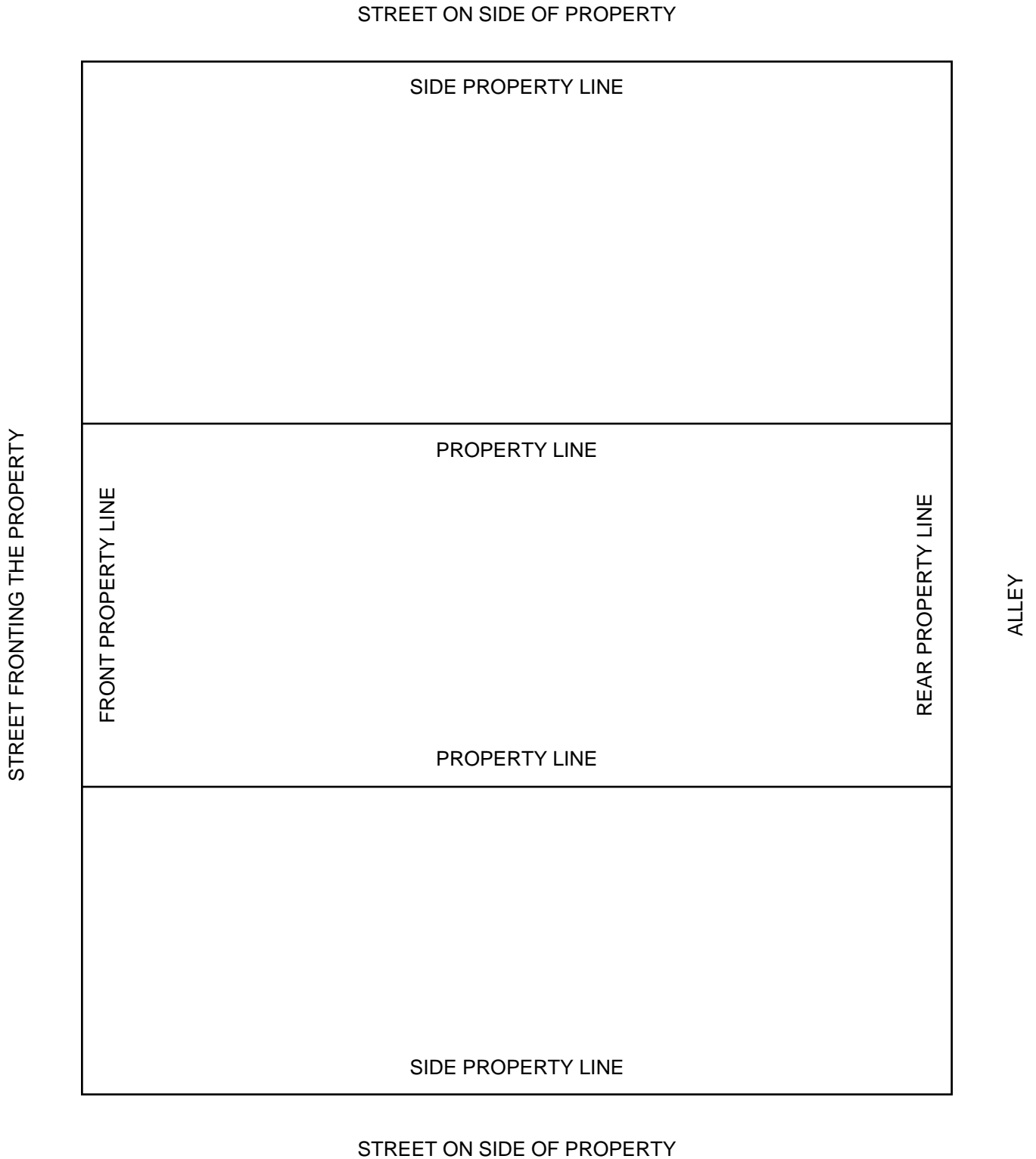
CERTIFICATION OF APPLICANT: I hereby affirm that the above statements are true and correct and also agree to comply with the provisions of all applicable laws and ordinances.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

This proposed structure will be built and located in accordance with the dimensions shown below:

**Note: The Zoning Officer is NOT responsible for any property dimensions shown on this sketch. Establishment of property lines is the responsibility of the owner and/or his agent.**



The following dimensions must be shown:

1. Front setback – distance from front property line to front of structure.
2. Side setbacks – distances from side property lines to nearest portions of structure thereto.
3. Rear setback – distance from center of alley to rear of structure.
4. Distances (described in 1, 2 & 3) to garage or accessory building.
5. Show street names adjoining property.

Irregular lots that do not conform to the above diagram must also be shown.

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## WORKER'S COMPENSATION AFFIDAVIT

I, \_\_\_\_\_, do solemnly swear that I will not employ/hire any other persons for the project for which I am seeking a permit.

After receipt of the permit, if I employ any other persons I must notify the Zoning Officer and provide proof of worker's compensation coverage within three (3) working days.

I understand that failure to comply will result in a stop-work order and that such order may not be lifted until proper coverage is obtained, as provided by Section 302(e)(4) of the act of June 2, 1915 (P.L. 736), known as the Pennsylvania Workmen's Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
My commission expires \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public