



**POOL & POOL DECK  
PERMIT APPLICATION**  
PLEASE PRINT

Submit to:  
Email: info@howardsgrove.org  
Mail: Village of Howards Grove  
913 S Wisconsin Dr.  
Howards Grove, WI 53083

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Physical Address or Location, if different than above: \_\_\_\_\_

Estimated Cost of Project: \$ \_\_\_\_\_ Anticipated Start Date: \_\_\_\_\_

**PROJECT TYPE:** \_\_\_New \_\_\_Remodel/Repair \_\_\_Razing \_\_\_ Fence \_\_\_ Deck, Stairs, or Other Access

**POOL TYPE** (check all that apply): \_\_\_Above-Ground \_\_\_In-Ground \_\_\_Spa

**PERMIT TYPE** (check all that apply): \_\_\_Construction \_\_\_HVAC \_\_\_Electrical \_\_\_Plumbing

**FACILITY IS:** \_\_\_Private \_\_\_Public \_\_\_Other ( \_\_\_\_\_ )

Pool dimensions: Diameter \_\_\_\_\_ or Length \_\_\_\_\_ and Width \_\_\_\_\_  
Height \_\_\_\_\_ [Height above highest point of grade for above-ground pools]

Fencing: \_\_\_New \_\_\_Existing Fence Height: \_\_\_\_\_  
Type/Materials \_\_\_\_\_

Decking: \_\_\_New \_\_\_Existing \_\_\_Attached to residence \_\_\_Detached Deck Height: \_\_\_\_\_  
Type/Materials \_\_\_\_\_  
Description of Footings \_\_\_\_\_

Stairways: Type/Materials \_\_\_\_\_  
Stairway Width \_\_\_\_\_ Railing Height \_\_\_\_\_  
Distance between Newel Posts \_\_\_\_\_ Distance between Balusters \_\_\_\_\_

Gates: Description of Gates \_\_\_\_\_  
NOTE: Gates must be self-closing and self-latching.

Grading: Will your project require a change in finished grade near the pool? \_\_\_Yes \_\_\_No

**Submit the following to the Clerk's Office with this application:**

1. Survey or accurate drawing of the property showing all existing structures, proposed or existing pool location, fencing, and overhead or underground electrical wiring.
2. Copy of the brochure or other manufacturer's documentation showing the type, style, etc., of the pool or spa to be installed.

**FEES DOUBLE if work is started without a permit.**

**OVER →**

**If a property owner hires a contractor to perform work under this building permit and the contractor is not bonded or insured as required under s. 101.654(2)(a), Wis. Stats., the following consequences might occur:**

- (a) The owner may be held liable for any bodily injury to or death of others or for any damage to the property of others that arises out of the work performed under the building permit or that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.
- (b) The owner may not be able to collect from the contractor damages for any loss sustained by the owner because of a violation by the contractor of the one- and two-family dwelling code or an ordinance enacted under sub. (1) (a), because of any bodily injury to or death of others or damage to the property of others that arises out of the work performed under the building permit or because of any bodily injury to or death of others or damage to the property of others that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.

**POOL/SPA INSTALLER**.....

Name \_\_\_\_\_ Address \_\_\_\_\_  
 Telephone \_\_\_\_\_

**PLUMBER**.....

Name \_\_\_\_\_ Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Credential # \_\_\_\_\_ Type:  Master Plumber  Other (\_\_\_\_\_)

**ELECTRICIAN**.....

Name \_\_\_\_\_ Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 License # \_\_\_\_\_ Type:  Electrical Contractor  Electrical Contractor-Restricted

(Required effective 4/1/2014 by 2013 Wis Act 143) If the electrician does not have a license, DSPS recommends verification of eligibility for grandfathering be obtained as follows: (1) Confirm the individual's date of birth is on or prior to 1/1/1956; and (2) collect verbal attestation that the individual has 15 years of experience.

**HVAC** .....

Name \_\_\_\_\_ Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 HVAC Contractor Registration # \_\_\_\_\_ Type:  HVAC Contractor  HVAC Contractor-Qualifier

The undersigned hereby applies for a permit to do the work herein described; agrees to comply with the Municipal Ordinances and the conditions of this permit; understands that issuance of this permit creates no legal liability, either expressed or implied, of the Department, Municipality, Agency or Inspector; and certifies that all of the above information is accurate. **The Applicant is responsible for contacting the Inspector to arrange for inspections.**

**NAME OF APPLICANT:** *Please print:* \_\_\_\_\_ *Date:* \_\_\_\_\_  
*Signature:* \_\_\_\_\_

If approved, this permit is issued pursuant to the Village of Howards Grove ordinances and is based on the information provided by the Applicant. The Village assumes no responsibility for the suitability of the property for the purpose of the permit. The permit is issued for the convenience of the Village to determine compliance with the Village code and is not intended to be relied upon by the Applicant or owner for any other purpose.

*For office use only*  
 TOTAL PERMIT FEES: \$ \_\_\_\_\_ **Verify Zoning District** \_\_\_\_\_  
 Base \_\_\_\_\_ Building \_\_\_\_\_ Electrical \_\_\_\_\_  
 Plumbing \_\_\_\_\_ HVAC \_\_\_\_\_

<b>Amount Paid: \$</b>	<b>Receipt #:</b>	<b>By:</b>	<b>Date:</b>
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