

**APPLICATION FOR POOL PERMIT
ABOVE-GROUND POOL, IN-GROUND POOL, SPA OR HOT TUB**

**CITY OF TRENTON
PLANNING AND ZONING DEPARTMENT
14 WEST BROADWAY TRENTON, IL 62293
(618) 224-7323**

(Do not write in this space -- For office use only)	
Date: _____	Permit fee paid to City Clerk _____
() Permit issue No. _____	\$ _____ Date: _____
() Permit denied	If denied, cause of denial: _____
() Application appealed No. _____	_____
Variance or Special Permit No. _____	_____
Zoning Administrator	

INSTRUCTIONS TO APPLICANTS: All information required by the application must be completed and submitted herewith. Applicants are encouraged to visit the City Hall or call 618-224-7323 between 9AM and 4PM Monday through Friday for any assistance needed in completing this form.

1. Name of property owner(s): _____ Phone _____
Complete mailing address: _____
Property Owners Signature required if Rental Property _____ Date _____
2. Applicant's name: _____ Phone: _____
Complete mailing address: _____
3. Property interest of applicant (Owner, Renter, Contractor, etc.): _____
4. Property address (9-1-1 approved) of proposed Pool: _____
5. Type of Structure: Above Ground Pool In Ground Pool Spa or Hot Tub
Zoning district: _____
Existing use of property: RESIDENTIAL
Proposed use of property RESIDENTIAL
6. Electrical connection being added: Yes No
7. A sketch plan (drawn to approximate scale) shall be shown on the reverse side or may be attached showing the following:
 - a) Dimensions of the zoning lot;
 - b) Dimensions and use of all buildings (show overall dimensions of house including garage if applicable);
 - c) Distance of each building from all zoning lot lines;
 - d) Distance between accessory buildings and principal buildings;
 - e) Any additional information as may be reasonably required by the Zoning Department

Dated: _____, 20____

Applicants Signature