



City of
BRAIDWOOD

141 West Main Street, Braidwood, IL 60408 • PHONE (815) 458-2333 • FAX (815) 458-6074 • www.braidwood.us

Above Ground Pool Permit Application (\$75)

SUBMISSION CHECKLIST - Complete this application and attach the following:

- Plat of survey – draw project on plat and indicate dimensions/setbacks (if applicable).
- Drawing showing the location of the pool, distance from the side and rear setback, and distance from your house

APPLICANT & OWNER INFORMATION

| | | |
|--|---|------------------------|
| Contractor Name: | Contractor Address: | Contractor Phone: |
| Property Owner Name: | Project Address: (where work is to be done) | Property Owner Phone: |
| HOA: <input type="checkbox"/> Yes <input type="checkbox"/> No | Project Cost: | Electrical Contractor: |

INFORMATION FOR REVIEW

| | |
|--------------------------------|---|
| Dimensions of the project | Pool Heater <input type="checkbox"/> Gas <input type="checkbox"/> Electric |
| Location of electrical service | Pump Specifications: |

INSPECTIONS:

- Pool locate (after JULIE flags)
- Final electrical underground (prior to back-filling)
- Final pool

ADDITIONAL INFORMATION:

- Homeowner/contractors responsibility to contact JULIE
- Pools cannot be placed on Public Utility Easement
- Fence gate must swing outward, away from the pool
- Around the top of pool fence is allowed and must have a ladder that swings up and lock upright for safety
- The ladder or step shall be capable of being secured, locked, or removed to prevent access or ladder or steps shall be surrounded by a barrier

I hereby certify that I have read, understand and agree to conform to all of the information and regulations set forth by the City of Braidwood City Codes. I have reviewed and understand that the above inspections are required by the City of Braidwood. Please call 815-458-2333 ext. 201 for inspections (please do not leave a voice mail).

SIGNATURE: _____ **DATE:** _____

Applicant is responsible to comply with Municipal Code and inspection requirements. Authorized Agent hereby certifies that the proposed work is authorized by the owner of record and has been authorized by the owner to make this application as their agent. Attach signed contract.



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**Building Permit Application
P.I.N. and Description**

Name of Owner _____

Property Street Address _____

Property Identification Number (PIN): - - - - - -

Property Description: _____
