

**SWIMMING POOL PERMIT APPLICATION FORM**

Permit Number (Office Use Only): \_\_\_\_\_

Inspection Date: (Office Use Only): \_\_\_\_\_

Permit Issued (Office Use Only): \_\_\_\_\_

Julie Dig Number: \_\_\_\_\_

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**CITY OF WEST PEORIA**

2506 West Rohmann Avenue

West Peoria, Illinois 61604

Phone: (309) 674-1993 / Facsimile: (309) 674-6010

**ALL FEES ARE NON-REFUNDABLE**

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This application will not be accepted unless all required information is completed.

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**PROJECT LOCATION:**

Address: \_\_\_\_\_ Tax Identification: \_\_\_\_\_

00-00-000-000

Own  Rent  If Applicant rents the location, Homeowner must authorize this application.

**RESIDENT'S NAME**

Full Name(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Application Date: \_\_\_\_\_

**HOMEOWNER'S NAME**

Full Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Application Date: \_\_\_\_\_

**GENERAL CONTRACTOR NAME**

1. Full Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

2. Full Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

**I PROPOSE TO BUILDED OR INSTALL:**

Temporary Swimming Pool  Aboveground Swimming Pool  In ground Swimming Pool

(Pool Dimension): \_\_\_\_\_

Electrical:  Yes  No Does pool have recirculation pump  Yes  No

Present zoning of Property: \_\_\_\_\_ Estimated starting date: \_\_\_\_\_

Property Lot Size: \_\_\_\_\_ ft by \_\_\_\_\_ ft

Distance from Primary Structure: \_\_\_\_\_ ft

Distance from Accessory Structure #1: \_\_\_\_\_ ft

Distance from Accessory Structure #2: \_\_\_\_\_ ft

Distance from Fence: \_\_\_\_\_ ft

Distance from Tree(s): \_\_\_\_\_ ft

Does pool have an attached fence or deck:  Yes  No Explain: \_\_\_\_\_

Submit the following items with this application:

1. A plat of the property, if applicable.
2. A site plan of the property.
3. The legal description.
4. The appropriate fee.

**Note: Upon approval of permit:” JULIE” must be notified before any work can be done at 1-800-892-0123**

Submit a site plan of the property:

1. Location and dimensions of all buildings, including accessory structures such as detached garages/storage sheds and attachments such as porches, decks, and patios with pertinent setback lines.
2. Distance from property lines to existing property structures, including distance from the accessory structure and other structures.
3. Dimensions of property.

**All permits expire Six (6) months from date/time permit is issued.**

Note: Other permits may be required after first inspection.

**\*\*You must call West Peoria Zoning Department for final inspection date.**

I, undersign, hereby request the City Council of West Peoria grant a permit as provided by the Zoning Ordinance for the City of West Peoria, Illinois, as amended to date.

Homeowner: \_\_\_\_\_ Printed name: \_\_\_\_\_  
Signature Date

Applicant: \_\_\_\_\_ Printed name: \_\_\_\_\_  
Signature Date

**FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE:**

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Received by: \_\_\_\_\_

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

Fee Collected: \_\_\_\_\_

Inspector #1: \_\_\_\_\_

Signature

Date

Title: \_\_\_\_\_

Position

Inspector #2: \_\_\_\_\_

Signature

Date

Title: \_\_\_\_\_

Position

Zoning Department: \_\_\_\_\_

Signature

Date

PERMIT APPROVED:

Yes

No

**Comments:**

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**Site Plan of property:**  
**(Below)**

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