

SWIMMING POOL PERMIT APPLICATION FORM

Permit Number (Office Use Only): _____

Inspection Date: (Office Use Only): _____

Permit Issued (Office Use Only): _____

Julie Dig Number: _____

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

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

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:

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:

Site Plan of property:
(Below)
