

Pre-Application Checklist: Copy of Contract ___ Insurance Certificates ___

Upper Providence Pool Permit Application

935 N Providence Road Media, PA 19063

610-565-4494

Site Address _____ City _____

Type _____ Property Owner _____

Primary Contact _____ Phone _____ Email _____

Contractor _____ Address _____

Primary Contact _____ Phone _____ Email _____

Above Ground Pool/Spa Checklist(See in ground barrier requirements if pool is <48" high.)

Removable/lockable ladder _____ ASTM F 1346 listed locking spa cover _____

Disconnect within sight, but 5' min. from spa/hot tub. _____

Inground pool barrier checklist

ASTM F 1346 listed automatic pool cover (No other barrier required, if provided) _____

Barrier Min. 48" high, max 2-4" above concrete or grade, no hand/footholds >1.75" _____

Pedestrian gates self closing and latching, non-pedestrian gates lockable. _____

Latches on pool side 3" below top of barrier, non-pool side 54" min. high. _____

Barrier 3' from any objects to assist climbing over the barrier _____ Flexible portions of barrier properly restrained. _____

Alarms for openings in dwelling/structure providing access around barrier _____

Requirements for in ground pools

Suction entrapment avoidance compliant with APSP7 _____ Covers and time switch controls for heated pools _____

1 return per 300 ft², 1 skimmer per 800 ft² and max return/suction velocity 8 fps _____

Bonding inspection required prior to pour _____ Disconnects within sight, but 5' min. from pool _____

Requirements for all pools

No overhead power lines within 10' of pool edges _____ GFCI receptacle min. 6' and max 20' from the pool _____

Pump with time switch controls capable of max 12 hour turnover rate _____

Description of Work _____

Applicant Signature _____ Date _____

Cost of Job _____

Municipal Comments:

Permit Fee _____ +\$4.50 Total Fee _____

3rd Party Signature _____ Date _____

All inspection requests or code questions should be directed to Linn Architects at permits@rlinn.com or 610-566-7044 option 2.

Check # _____ Received By _____ Date _____