

106 Dorman Street	Harrington, DE 19952	(302) 398-3530
DATE	PERMIT NO	
SWIM	IMING POOL PERMIT APPLICATI	ON
Property Owner:		
Property Address:		
Property Owner Phone/Email:		
Map/Parcel:		
Zoning:		
Contractor Name:		
Contractor Address:		
Contractor Phone/Email:		
City of Harrington Contractor Lice	ense No	
Type of Pool:		
(Check One) Above Ground	In-Ground (s	ubmit plans)
Size: *(NOTE) *Depth: *(NOTE) submit barrier requirements with	Dools under 49 inches in height	require a barrier Please
submit barrier requirements with	- Pools under 46 menes in neight	require a parrier. Please
submit barrier requirements with	permit.	
Estimated Cost of Project: \$		
Estimated cost of Froject. \$		
under penalty of perjury: (1) I am the is authorized by the owner of record application as their agent; (2) That provides full disclosure and is accurate contained in the application and cord or deed restrictions.	appleting this application, the applicance owner of record of the named produced and that I have been authorized to the information on this application (arate to the fullest extent possible; an astruction documents is in compliance.	perty, or that the proposed work by the owner to make this and construction documents) d (3) That the information ce with all applicable covenants
Applicant Printed Name:		
	Office Use Only	
Building Official		Date
Permit Fee \$		