

Permit No. _____
Date _____

JACKSON TOWNSHIP

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Johnstown, PA 15909

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**PRIVATE IN-GROUND
SWIMMING POOL**

LOCATION

NAME: _____

ADDRESS: _____

PHONE NO: _____ CELL PHONE: _____

CONTRACTOR

NAME: _____

ADDRESS: _____

PHONE NO.: _____ CELL PHONE: _____

SWIMMING POOL

SIZE OF POOL: _____ DEPTH OF POOL: _____

COST OF POOL AND INSTALLATION: _____

DESCRIPTION OF REQUIRED FOUR (4) FOOT ENCLOSURE: _____

SIGNATURE OF APPLICANT: _____

The information provided is true to the best of my knowledge.

