

Town of Wakefield

Pool Permit Application

Map _____ Lot _____ Date _____ Permit # _____

Email Address _____

Owner Information

Name _____

Address _____

Phone # _____

Signature of Applicant _____

Contractor Information

Name _____

Address _____

Email Address _____ Cell # _____

Description: Above – ground/In – ground

Zone _____

☐ 1. ELECTRICAL PERMIT REQUIRED

Identify dimension of property showing proposed pool, all existing structures on property, and distances from property lines to pool.

For Office Use Only Please initial and date after review

Building Inspector

Date

Code Enforcement Officer

Date