

JACKSON TOWNSHIP
APPLICATION FOR A SWIMMING POOL ZONING CERTIFICATE

1. DATE: _____

APPLICATION NO. _____

2. PLAT NUMBER _____

3. NAME OF APPLICANT: _____

4. BEST PHONE# _____ EMAIL: _____

5. APPLICANT'S ADDRESS _____
CITY _____ STATE _____ ZIP _____

6. NAME OF PLAT OWNER _____ 7. PHONE: _____

8. PLAT OWNER'S ADDRESS _____
CITY _____ STATE _____ ZIP _____

9. In-Ground Pool Above Ground Pool VALUE: \$ _____

10. Pool Construction Materials (brief description) _____

11. SIZE OF PROPOSED IN-GROUND POOL _____ FT. By _____ FT.
LARGEST DEPTH _____ FT.

OR

12. DEPTH OF ABOVE GROUND POOL _____ FT. POOL SIZE _____ FT.

13. SIZE OF PLAT: WIDTH _____ FT. DEPTH _____ FT. ACRES _____

14. LOCATION OF POOL FROM PROPERTY LINES:

FRONT _____ FT. FROM RIGHT OF WAY. RIGHT SIDE _____ FT FROM
PROPERTY LINE. LEFT SIDE _____ FT FROM PROPERTY LINE.
REAR _____ FT FROM PROPERTY LINE.

Application is hereby made for a ZONING CERTIFICATE and the statements herein are made are a part thereof. It is understood and agreed by the applicant that any error, misstatement or misrepresentation of fact, either with or without intention on the part of the applicant, such as might, or would, operate to cause the issuance of a permit in accordance with this application, shall constitute sufficient grounds for the revocation of such permit at any time. It is understood that any ZONING CERTIFICATE issued based on this application will expire and be revoked if the construction / activity applied for has not begun within one year from the date of issuance or is not completed within two years of the date of issuance.

SIGNED: _____