GALION Ohio

CITY OF GALION
Building and Zoning Department
115 Harding Way East ● Galion OH 44833-2087
Voice (419) 468-2642 ● Fax (419) 468-7620
www.galion.city

POOL APPLICATION

Applicant: _____ Phone: _____

Owner (if not Applicant): _____ Phone: _____

Property Address: _____ Email: _____

Builder/Installer: _____ Phone: _____

Address: _____ Email: _____

Present Use of Property: _____

Proposed Work to Be Done: _____

☐ New Construction ☐ Addition ☐ Alternation ☐ Change in Occupancy/Use

Lot Size: _____ft. x _____ft. = _____ft.^{2}

Proposed Structure Size: If rectangular: Length: _____ Width: _____ Depth: _____
If round: Diameter: _____ Depth: _____

ESTIMATED TOTAL CONSTRUCTION COST: $_____

Attach plans and/or drawings drawn to approximate scale, showing the dimensions and shape of the lot where pool will be installed and the dimensions and location of all existing and/or proposed buildings or alterations and construction drawings if applicable.

Application Signed by: _____

Printed Name: _____ Date: _____

*Upon approval of application and site drawing, pool application fee is $25. Checks should be made payable to **CITY OF GALION**.*

Building Inspector Signature: _____ ☐ Approved ☐ Denied

All installations must have a final inspection by the building inspector prior to use. Please call the Building Inspector's office to arrange for the inspection at least two days in advance.

Final Inspection Date: _____ ☐ Passed Inspection ☐ Requires Reinspection