



**Aston Township Residential Pool Permit**  
 2 New Road, Suite 123, Phone 610-494-0384, Fax 610-494-8853  
 \$1,500 Escrow is Required for In-ground Pools; In-Ground Pool:2% or Min. \$535; Above-Ground Pool, 2% or Min. \$57.50; Hot Tub: 2% or Min. \$109.50

Date of Application \_\_\_\_\_ Permit # \_\_\_\_\_ Folio # \_\_\_\_\_

Property Owner: \_\_\_\_\_ Mailing Address/City \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Job Site Address \_\_\_\_\_

Contractor Name \_\_\_\_\_ Address/City \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contractor License Number \_\_\_\_\_ Certificate of Insurance Attached \_\_\_\_\_

Description of Proposed Improvement: \*(Please be very specific)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Total Cost of Construction / Improvement (Includes Labor & Materials) \_\_\_\_\_

In-ground \_\_\_\_\_ Size \_\_\_\_\_ Pool Heater \_\_\_\_\_ Bonding Grid \_\_\_\_\_ Under-water Lighting \_\_\_\_\_ (Dry or Wet)

Above Ground \_\_\_\_\_ Size \_\_\_\_\_ Depth \_\_\_\_\_ Pumps \_\_\_\_\_

Provide plot plan below with location of any mechanical pumps, electric, all yard setbacks, fencing location & height, use back of permit if necessary:

**DUMPSTERS MUST BE PLACED IN THE DRIVEWAY-NOT IN THE STREET!**

**48 Hour Notice Required To Schedule Individual Required Inspections**

Under penalty of intentional misrepresentation and /or perjury, I declare that I have examined and/or made this application and is true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with all provisions of the ordinances of the Township of Aston and all applicable Building Codes. I realize that the information that I have stated herein, forms a basis for the issuance of the building permit herein applied for and approval of any plans in connection therewith shall not be construed to permit any construction upon said premises or use thereof in violation of any provision of the UCC therewith. Where no work has been started within 180 days after the issuance of a permit or when more than 180 days lapses between approval of required inspections, such permit shall be void.

I hereby certify that I am the owner at this address or that, for the purpose of obtaining this approval, I am acting on behalf of the owner. All contract work on this project will be done by a contractor holding valid Pa. Contractor License.

\_\_\_\_\_  
 Signature of Owner/Representative

\_\_\_\_\_  
 Signature of Contractor

**Do Not Use, Department Use Only**

Township Permit Fee \_\_\_\_\_

Pa. U.C.C. Surcharge \$4.50

Total Permit Fees \_\_\_\_\_

Check # \_\_\_\_\_ Money Order \_\_\_\_\_

Permit Issued Date \_\_\_\_\_ Zoning Approval \_\_\_\_\_

Building Code Official: \_\_\_\_\_

Approval Date: \_\_\_\_\_