



OSM Township

P.O. Box 70

20 Third Street

Keene On. K0L 2G0

Phone: 705-295-6852 Fax: 705-295-6405

email: bwaldron@osmtownship.ca

Pool Permit Application

Permit # _____

Applicant Name: _____ Phone: _____

Property Address: _____

Property Roll #: 1506 _____ Pool Wall Height: _____

Location of Pool: Provide a drawing on back of this application showing location of pool in relation to your house and property lines.
The pool must be located a minimum of sixteen (16) feet from the septic bed and five (5) feet from the septic tank.

- Pool Type:
- In Ground Pool (minimum 4 foot high fence required)
Fee: \$12.00 per \$1000 of value

 - Above ground with hard sides (fence required if walls less than 4 ft high)
Fee: \$100.00

 - Above ground – inflatable/soft sides (minimum 4 foot high fence required)
Fee: \$100.00

Signature

Date

NB

- **By signing this application, the applicant is accepting responsibility for removing ladders from the pool when the pool is not being used.**
- **I understand that there is a yearly \$100.00 surcharge added to my taxes if I am on the municipal water system.**