

POOLS

COMMERCIAL or RESIDENTIAL

City of Aurora

Development Services Department
Division of Building and Permits
77 S Broadway
Aurora, IL 60505



APPLICATION #: _____

Total Fees: _____ Submittal Date: _____
Online Portal: <https://auro-trk.aspgov.com/etrakit/> Phone: 630.256.3130 Website: www.aurora-il.org

Property Address: _____ Unit/Suite #: _____

Owner Information (all fields required)

Additional Contact Info Applicant Tenant Property Mngr

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

ACKNOWLEDGEMENT OF APPLICATION ONLY

This is an application only. Completion of this application does **NOT** entitle the commencement of construction. I, (the applicant) agree to conform to all applicable laws of the City of Aurora. I also agree that all work performed will be in accordance with the plans and specifications as set forth in the approved permit. I understand that the approval of this application and issuance of a permit does not preclude the need to comply with all applicable laws and ordinances. I agree to hold harmless and indemnify the City of Aurora for any claim against the City as the result of any act of commission or omission by or on behalf of the undersigned, his/her agent, principle, contractor, subcontractor or supplier. I the undersigned am the Owner or a duly contracted representative of the owner of said property. As part of this application process, I affirm that all the information herein is true and correct to the best of my knowledge. I authorize the City of Aurora to make any reasonable inspections of the property as part of the application and permit process.

By signing below, I attest that I have read and do understand the Zoning Ordinances outlined in this application.

Owner Contractor Representative Role: _____

Name: _____ Signature: _____

DESCRIPTION OF WORK

POOL INFORMATION

Property type for this project: Commercial Residential Size: _____ ft
Pool Type: Above Ground Below Ground Temporary Hot Tub Height: _____ in
(Temporary Pool is a non-metallic above ground Storable / Collapsible pool which is removed annually)
Metal in Pool Structure / Liner: Yes No Max Water Level: _____ in
Pool Heater Included: Yes No Heating Element: Fuel Gas Electrical Solar Other: _____
Is Electrical work being performed as part of this project: Yes No Service Modification Required: Yes No

GENERAL REQUIREMENTS, CONDITIONS and ITEMS for SUBMITTAL

- o Reference the **"Submittal Requirements, Application Timeframes and Inspection Contacts"** handout for quantity of items to submit with completed application
- o **Manufacturer's specifications, instructions and cut sheets on any equipment**
- o **Proposed Plat of Survey with topographical and setback information**
- o **Completely fill out the Safety Affidavit at the end of this application and meet the Swimming Pool Barrier and Electrocutation Prevention requirements**
- o **Contractors, if required, must be licensed and registered with Aurora (not required at submittal, but prior to permit issuance)**

APPLICABLE CODES

2014 Illinois Plumbing Code 2015 International Fuel Gas Code 2015 International Pool and Spa Code
2014 National Electrical Code 2015 International Mechanical Code [City of Aurora Ordinances](#)
2015 International Building Code 2015 International Residential Code

Application Fee is due at time of submittal.

COST OF WORK: _____

CONTRACTOR INFORMATION AND ASSOCIATED SCOPE OF WORK (COMPLETE ALL THAT APPLY)

POOL / GENERAL CONTRACTOR INFORMATION

City of Aurora Registration #: _____
 Business Name: _____
 Contact Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Email: _____

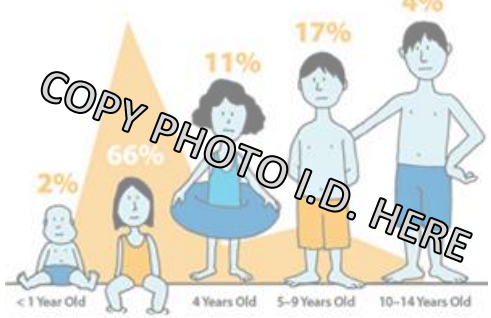
ELECTRICAL CONTRACTOR INFORMATION

City of Aurora Registration #: _____
 Business Name: _____
 Contact Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Email: _____

MECHANICAL / PLUMBING CONTRACTOR INFORMATION

City of Aurora Registration #: _____
 Business Name: _____
 Contact Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Email: _____

COPY OF HOMEOWNER ID



The most common drowning victim is 4 years of age or younger at their own home. In 4-6 minutes, a submerged child can sustain permanent brain damage or die.

RESIDENTIAL SWIMMING POOL / SPA REGISTRATION & SAFETY AFFIDAVIT

As owner of the above-mentioned property, I hereby acknowledge and agree to the following conditions associated with the permit/registration for, and installation of, a residential swimming pool/spa:

- As the owner, I understand that I have sole responsibility for my pool/spa's code compliance for the life of this pool/spa.
- I have reviewed our plat of survey and have set the pool outside of all easements and 5 feet from all property lines or fences (10 feet from alleys and ext. side property lines [corner lots]). At any time water is in pool/spa, all required manufacturer's recommendations, code requirements of the pool/spa, its barrier, its associated electrical equipment, or any safety feature shall be met/maintained for the safety of my family, my tenant(s) if any and neighborhood children.
- Any safety devices and barriers shall be maintained during all times the pool is filled with water for the life of the pool/spa.
- I have read the "Swimming Pool Barrier and Entrapment Protection Fact Sheet and the Swimming Pool Electrocutation Prevention Fact Sheet", as a permit applicant, I understand the code requirements for which I am responsible for meeting.
- I and my tenants (if any) have read these links to the Consumer Product Safety commission below. <http://www.cpsc.gov>
 - o [Barriers](#) [Drowning prevention](#) [Pool Safely](#) [Portable/Storable Pools](#)
- I understand that by not having/maintaining any of the required safety pool barriers and or equipment, will constitute a violation, and will be considered a misdemeanor of the second degree, punishable as provided by ordinance with fine up to \$1,000 per day per offense. I understand and agree that violations found that cannot be cured immediately will necessitate the draining of the pool until such a time that the safety feature can be repaired.

Drowning Prevention and Barrier Details *(Please indicate all applicable methods proposed to create a 360° barrier around pool)*

Are you using a Safety Pool Cover: Yes No
If yes, you are certifying the pool will be equipped with an approved safety pool cover that complies with ASTM F 1346-91, Standard Performance Specifications for Safety Covers for Swimming Pools, Spas, and Hot Tubs per AG105.5. No other barrier feature is required with this option.

Which of the following does your Continuous Barrier consist of: Home and Fence Fence Only
If you selected "Home and Fence" all doors that lead to the pool from the interior of the home must have an exit alarm meeting the requirements of UL 2017. Your Continuous Barrier must meet all requirements from Section AG105 Barrier Requirements out of the Swimming Pool and Spa Code

Is the fence portion of the Continuous Barrier: New Existing
 Type of fence: Narrow Spacing Wide Spacing Chain Link Lattice Fence Height: _____ ft
See the Barrier Fact Sheet referenced above for requirements of each fence type
A fence used as part of the Continuous Barrier must be completed prior to having water in the pool, along with all inspections being approved

Electrocutation Prevention – Grounding and Bonding Details *(Please indicate all applicable methods proposed to create a 360° barrier around pool)*

Electrical Service (min 5' horizontal from underground service): Yes NA Overhead Service (min 10' horizontal): Yes NA
Call J.U.L.I.E. (811) to locate underground power lines.

Storable Metal Pool (pump double insulated and plugged into GFCI outlet min of 10' from pool with no extension cord): Yes NA
 All Other Pools (certify that the requirements of the [Electrocutation Protection Fact Sheet](#) will be always maintained): Yes NA

Homeowner Name: _____
 Email: _____

Signature: _____
 Phone: _____ Date: _____