



THE CORPORATION OF THE  
CITY OF ST. CATHARINES

www.stcatharines.ca

PO Box 3012, 50 Church Street  
St. Catharines, ON L2R 7C2  
Tel : 905.688.5600 | Fax: 905.688-5673  
TTY: 905.688.4TTY (4889)

PLANNING AND DEVELOPMENT SERVICES  
Building and Development  
**SIGN / SWIMMING POOL ENCLOSURE - PERMIT APPLICATION**

TO: THE CHIEF BUILDING OFFICIAL: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

THE UNDERSIGNED HEREBY APPLIES FOR A PERMIT TO : \_\_\_\_\_ PROJECT NO.: \_\_\_\_\_

INSTALL / PLACE A SIGN  ERECT A SWIMMING POOL / SWIMMING POOL ENCLOSURE

DESCRIPTION OF WORK:			
ADDRESS OF WORK	Street No. & Name		
	Legal Description		
APPLICANT	Name		Phone
	Address		Fax
	City		P.C.
	email		Cell.
OWNER OF LAND	Name		Phone
	Address		Fax
	City		P.C.
	email		Cell.
GENERAL CONTRACTOR	Name		Phone
	Address		Fax
	City		P.C.
	email		Cell.
TENANT (If applicable)	Name		Phone
	Address		Fax
	City		P.C.
	email		Cell.

I declare that there are no restrictions or covenants that prevent the issuance of a permit at the above site.

Notwithstanding the Municipal Freedom of Information and Privacy Act, I hereby consent to the disclosure of any information acquired by the municipality in the processing of this application.

The application fee may be adjusted by the Chief Building Official and any additional fee must be paid prior to the issuance of the permit.

I hereby certify that I am the owner or authorized agent of the owner, and that the above information is true to the best of my knowledge and, furthermore, I hereby authorize the release of a copy of the plans submitted to all subsequent owners.

APPLICANT (Signature): \_\_\_\_\_ ADDRESS: \_\_\_\_\_

(Print): \_\_\_\_\_ CALL-MAIL WHEN ISSUED TO: \_\_\_\_\_

**THIS IS NOT A PERMIT**  
**NO WORK SHALL BE COMMENCED UNTIL YOU ARE IN RECEIPT OF A PERMIT**