



COUNTY OF TAZEWELL DEPARTMENT OF COMMUNITY DEVELOPMENT

11 South 4th Street, Room 400, Pekin, Illinois 61554

Phone: (309) 477-2235 Fax: (309) 477-2358 Email: zoning@tazewell-il.gov

Jaclynn Workman, Community Development Administrator

APPLICATION AND SUBMITTAL REQUIREMENTS AND INFORMATION REQUIRED FOR IN-GROUND & ABOVE GROUND SWIMMING POOLS

No Plan Review Required, On-Site Compliance where applicable.

- Acknowledges the Tazewell County Building and Property Maintenance Code §154.045 for all swimming pool regulations and §154.070 NFPA 70 - NEC 2017 for additional electrical code requirements
- Completed Required Swimming Pool Permitting Form
- A Site Plan of the lot showing; the proposed structure, all distances to property lines and other structures, existing fence or proposed fence and **including** the location of the well and septic.
- A Fence Permit, an Electrical Permit, and/or a Plumbing Permit may be necessary.

PROPERTY OWNER: _____	Email: _____
Address: _____	Phone: _____

GENERAL CONTRACTOR: _____	Email: _____
IF OWNER MARK "SELF"	
Address: _____	Phone: _____

SITE INFORMATION and PROJECT INFORMATION

Site Parcel Number _____	Site Address _____
Setback from Road(s): _____	Setback from Side(s): _____ & _____
Setback from Rear: _____	Estimated Cost of Construction: \$ _____

POOL TYPE: <input type="checkbox"/> In-Ground <input type="checkbox"/> Above Ground <input type="checkbox"/> Blow Up/Temporary Pool		
POOL SIZE: _____	POOL DEPTH: _____	MATERIALS: _____
BARRIER (48" minimum height for all Fences): <input type="checkbox"/> New Fence (<i>Permit Required</i>) <input type="checkbox"/> Existing Fence HEIGHT: _____ TYPE: _____		
Above ground pools without Fencing: <input type="checkbox"/> Pool Structure used as Barrier <input type="checkbox"/> The barrier is attached and mounted on top of the pool structure		
**In either instance if access to the pool is by a ladder or steps said ladder and steps shall be secured, locked or removed to prevent access)		
If a wall of the Dwelling serves as a barrier one of the following standards shall be used:		
<input type="checkbox"/> Door Alarm (UL 2017) <input type="checkbox"/> Self Closing/Latching Doors (Upon approval of Administrator) <input type="checkbox"/> Power Safety Cover (ASTM Designation F1346)		
ELECTRICAL: <input type="checkbox"/> Yes <input type="checkbox"/> No An Electrical Permit is required for all pools with pumps. Pumps must be plugged into a ground fault circuit interrupter. Extension cords are not allowed.		

MECHANICAL INFORMATION (if applicable)

ELECTRICAL CONTRACTOR: _____	Email: _____
*If other than SELF	
Address: _____	Phone: _____
PLUMBING CONTRACTOR: _____	Email: _____
*If other than SELF	
Address: _____	Phone: _____ State License #: _____
Anyone other than the homeowner doing their own work must provide a copy of a VALID State of Illinois Plumbing License	

The authorized applicant/property owner's signature below hereby attests that all information is true and correct:

Signature: _____	Date: _____	Received By _____
Contractor <input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/>		

SITE PLAN– Provide accurate information (**Show** all structures existing on parcel with dimensions (Including well and septic) **AND Identify** new structures with dimensions **AND identify** all adjacent streets/roads)
IDENTIFY SETBACKS FROM ALL PROPERTY LINES AND FROM THE ROAD
ALL SETBACKS ARE MEASURED FROM THE OVERHANG TO THE PROPERTY LINE

NOTE: Meeting the correct setbacks from the property line is the responsibility of the owner/applicant

