DIVISION OF PUBLIC HEALTH
(973) 962-7079
REQUEST FOR HEALTH DEPARTMENT APPROVAL FOR PROPOSED
LOCATION OF
POOL, PATIO, OR DECK

NAME_____ADDRESS _____
BLOCK_____LOT_____ PHONE#_____ BUS. PHONE#_____
LOCATION OF POOL(ABOVE OR IN GROUND)_____
LOCATION OF DECK(DIMENSIONS)_____
LOCATION OF PATIO(DIMENSIONS)_____
OTHER (EXPLAIN)_____

INSTRUCTIONS:

TO APPROVE YOUR PLAN WE NEED THE FOLLOWING INFORMATION:

1) ON A COPY OF YOUR SITE PLAN SKETCH THE PROPOSED LOCATION OF YOUR CONSTRUCTION

2) THE LOCATION OF YOUR SEPTIC SYSTEM (IT IS IMPORTAN THAT WE ARE ABLE TO VERIFY THE EXACT LOCATION OF YOUR SEPTIC TANK(S) AND DISPOSAL AREA TO ENSURE THAT ANY CONSTRUCTION OF FOUNDATIONS, FOOTINGS, OR POOL CONSTRUCTION DOES NOT ADVERSELY IMPACT THE SEPTIC SYSTEM)

3) A COPY OF YOUR MOST RECENT PUMPING PERMIT FOR YOUR SEPTIC SYSTEM (A PROPERLY MAINTAINED SEPTIC SYSTEM SHOULD BE PUMPED EVERY 3 YEARS)

PLEASE NOTE: LOCAL ORDINANCE STATES AN ABOVE GROUND OR IN GROUND POOL SHALL NOT BE LOCATED CLOSER THAN 20 FEET TO THE NEAREST OUTSIDE EDGE OF A DISPOSAL FIELD OR 30 FEET TO THE SEEPAGE PIT

SIGNATURE OF HOMEOWNER _____

APPROVED_____ DATE _____
NOT APPROVED _____ _____ DATE _____
BY (HEALTH OFFICIAL) _____
COPY TO BUILDING INSPECTOR (DATE)_____
COMMENTS:_____
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