



## SWIMMING POOL APPLICATION

Town of Nottingham, New Hampshire  
Building Department  
P.O. Box 114/ 139 Stage Road  
Nottingham, NH 03290  
Office 603-679-9597 X1  
Fax 603-679-1013  
dsylvia@nottingham-nh.gov

Issue Date: \_\_\_\_\_

Permit #: \_\_\_\_\_

(This area for office use only)

Map \_\_\_\_\_ Lot \_\_\_\_\_ Sub Lot \_\_\_\_\_

Address: \_\_\_\_\_

Owner: \_\_\_\_\_

In Ground Pool ☐ Size Of Pool \_\_\_\_\_ X \_\_\_\_\_ Or Diameter \_\_\_\_\_

Above Ground Pool ☐

Public Water ☐ Town Sewer ☐ Cost \$ \_\_\_\_\_

Public Well ☐ Septic System ☐

**\*\*\* PLOT/ SITE PLAN MUST BE SUBMITTED WITH APPLICATION \*\*\***

NAME OF INSTALLER: \_\_\_\_\_ PHONE# \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

**POOLS MUST BE WIRED IN ACCORDANCE WITH THE CURRENT STATE OF NH ADOPTED NEC AND  
TOWN REGULATIONS**

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***IT IS THE RESPONSIBILITY OF THE SWIMMING POOL CONTRACTOR OR INSTALLER TO:***

- 1. Verify the ACTUAL location of septic tanks, leach fields or other buried objects, utilities. Etc.*
- 2. Locate and confirm property lines and required setbacks*

IF POOL LOCATION DOES NOT COMPLY WITH SETBACKS FOR 1 & 2 ABOVE, RELOCATION OF POOL WILL BE REQUIRED.

- ☐ I Certify that I have authorization from the owner of the dwelling listed above and will be installing the pool in accordance with the state of NH adopted Building Codes and Town Regulations.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Installer's Signature

\_\_\_\_\_  
Date

**All Barrier Requirements Shall Be In Accordance With Section 305**

**Of the International Swimming Pool and Spa Code**