



# Above-Ground Swimming Pool Zoning Permit Application

11800 Town Center Drive NE, Suite 300 St. Michael, MN 55376

Phone: (763) 497-2041 Email: [planning@stmichaelmn.gov](mailto:planning@stmichaelmn.gov)

## Applicant/Owner Information

(Applicant must submit an approved survey of the property indicating the location of the swimming pool and fence).

Permit Number: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

## Above-Ground Pools

(Any pool with a water depth greater than 30 inches, but less than 5,000 gallons)

### Pool Information:

Dimensions (Height, Width or Diameter): \_\_\_\_\_

Water Depth: \_\_\_\_\_

Capacity (Gallons): \_\_\_\_\_

<p><b>Fencing Information:</b></p> <p>Does the property have an existing fence? _____</p> <p>If yes, what is the height? _____</p> <p>If not, what area are you planning on fencing?</p> <p>Fence (entire rear yard): <input type="checkbox"/></p> <p>Fence (just around pool): <input type="checkbox"/></p> <p>Deck w/ self-closing gate around pool: <input type="checkbox"/></p>	<p><b>Type of Fencing Material:</b></p> <p>Wood: <input type="checkbox"/> Chain-link: <input type="checkbox"/></p> <p>PVC: <input type="checkbox"/> Iron: <input type="checkbox"/></p> <p>Other: _____</p> <p>Height of proposed fence: _____</p> <p><b>All fences must be constructed with wood or steel posts properly supported and braced by top rails that shall be located on the inside of the fenced enclosure.</b></p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

I HEREBY APPLY FOR A ZONING PERMIT AND I ACKNOWLEDGE THAT THE INFORMATION ABOVE IS COMPLETE AND ACCURATE; THAT THE WORK WILL BE IN CONFORMANCE WITH THE ORDINANCES AND CODES OF THE CITY; THAT I UNDERSTAND WORK IS NOT TO START WITHOUT AN APPROVED ZONING PERMIT; AND THAT THE WORK WILL BE IN ACCORDANCE WITH THE APPROVED PLAN.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**City of St. Michael Zoning Permit Application**

**Office Use**

**Job Site Address:** \_\_\_\_\_

**Setbacks:**

House: \_\_\_\_\_

Side: \_\_\_\_\_

Side: \_\_\_\_\_

Rear: \_\_\_\_\_

Septic Field: \_\_\_\_\_

Septic Tanks: \_\_\_\_\_

**Required Inspections:**

Footing / Setback: \_\_\_\_\_

Final: \_\_\_\_\_

**Permit Fee:**

Above-Ground Pool (Less than 5000 gallons): \_\_\_\_\_

**Comments:**

---

---

---

---

---

**Approved By:** \_\_\_\_\_

**Date:** \_\_\_\_\_