



PORT COLBORNE

Application Form

Request for Relief from Pool By-law

Applicant

- 1) Name: _____
- 2) Address: _____
- 3) Phone #: _____
- 4) Email: _____

Address: _____

Fence Height: _____ m

Fence Construction: Open Closed

Pool Location: *(check all that apply)*

- Front Yard Required Front Yard Corner Lot
- Side Yard Rear Yard Exterior Side Yard

Site Plan Required: Attached Sent electronically via email

Reason for Variance to Pool By-law (include by-law section number) _____

Is the Pool near any overhead wires(bell/hydro)		Is there an easement/swale on the property	
Is there an existing Site Plan Agreement		Is there a fence on the property	
Is a Zoning Variance required		Pool: Above Ground or In ground	

Applicant Signature _____ **Date:** _____

Office Use Only: g/1 0-910-63100-2627

Variance Fee	\$450.00	Zoning	
Paid by:		Date	