



TOWN OF HEBRON ~ BUILDING DEPARTMENT

POOL PERMIT GUIDE

Application Requirements

1. Legal description of the property or parcel.
2. Site Plan drawn and clearly labeled showing all existing structures, lot lines and pool. Also provide picture or brochure of style.
3. Installer, Contractor and/or Subcontractors must be registered in the Town of Hebron for current year
4. Completed permit application form from this office.

Town of Hebron, State Swimming Pool Code and Zoning Requirements

1. Side (10'), Rear (10'), yard setbacks and 6' from primary structure.
2. Pool protection when project is completed. (Yard Fence or Pool Fence)
3. Be sure to consider underground and overhead utilities.
4. Blow up pools do not require a permit. They still need Pool Protection
5. ****NOTE:** Indiana State Pool Code requires a yard fence around above ground residential swimming pools that are less than 48" in height or a fence around the pool itself. In-ground pools have the option to use a 400 lb auto cover or yard fence.
6. Proper electrical wiring /GFI and grounding of outlets, fixtures, pumps, equipment, etc.
7. Outlet & GFI must be at least 6' from above ground pool.
8. Know what is below! Always call 811 before you dig.

Building Department Inspections Required – Call (219)-996-4641

*****BEFORE POOL CAN BE USED*****

1. Underground plumbing/ electrical and light fixture bonding prior to backfill. (In-ground only).
2. Pool deck mesh and railing or fixture bonding prior to concrete pour. (In-ground only).
3. Final inspection after fences, gates, and equipment are in place. ***BEFORE POOL CAN BE USED***

Improvement Location Permit Required:

1. Above ground pool permit cost \$75.00
2. In-ground pool permit cost \$150.00
3. Pool fence \$50.00



TOWN OF HEBRON ~ BUILDING DEPARTMENT

POOL PERMIT APPLICATION

For Office Use Only

PERMIT # _____

PERMIT FEE \$ _____

APPLICATION DATE: _____ ESTIMATED VALUE \$ _____

ESTIMATED TIME OF COMPLETION : _____
(# of days, weeks, months, etc)

CHECK ONE:

In-Ground

Inflatable

Above-Ground

Other _____

PROPERTY LOCATION

PARCEL NUMBER: _____ FLOOD ZONE: YES NO

SITE ADDRESS: _____

PROPERTY OWNER

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

HOME PHONE: _____ CELL: _____ WORK: _____

E-MAIL: _____ FAX: _____

GENERAL CONTRACTOR

COMPANY NAME: _____ CONTRACTOR LICENSE# _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

HOME PHONE: _____ CELL: _____ WORK: _____

E-MAIL: _____ FAX: _____

COMPANY OWNER'S NAME: _____

COMPANY OWNER'S ADDRESS: _____

COMPANY OWNER'S OFFICE PHONE: _____ CELL: _____

BUILDING DEPARTMENT

107 N. Main Street
P.O. Box 478
Hebron, IN 46341

www.hebronindiana.org

BUILDING COMMISSIONER

hebronbuilding@hebronindiana.org
Office (219) 996-4641
Direct (219) 996-4645
Cell (219) 808-9285
Fax (219) 996-7494

DETAILS OF CONSTRUCTION

PROPOSED SETBACKS _____ Front _____ Rear _____ Left Side _____ Right Side _____ From Structure

POOL CONSTRUCTION

Type of Walls (Check One) Fiberglass Concrete Block Gunitite Steel Galvanized Steel
 Reinforced Concrete Sandbase Plastic Liner

POOL PROTECTION

Check all that apply: Pool Railing Deck Railing Auto Cover Yard Fence

Heated YES NO

Concrete Apron Width (3' Min.) _____ Wood Deck Dimensions*: _____

POOL DIMENSIONS

Height of Pool from Ground to Rim _____

Pool Diameter (Width) _____

Pool Depth _____

APPLICANT CHECKLIST (Required to be Completed by Applicant)

- Registered Contractor and/or Subcontractor for current year
- Legal Description of property or parcel
- Site Plan drawn and clearly labeled showing all existing structures, lot lines and pool
- Picture or Brochure showing type of pool, lighting, heating, shape, type/size of pool

DRAWING/PLAT CERTIFICATION

The undersigned hereby certifies that the improvements shown on the attached drawing/plat is within my property boundaries and meets all applicable setback requirements of the Hebron Master Plan.

Reviewed and Submitted

APPLICANT CERTIFICATION

The information within and all attached exhibits, are to the best of my knowledge and belief, true and correct. The owner, Lessee, or contractor, hereby agrees to abide by and comply with the conditions of all building and health laws of the state on Indiana, and the Unified Development Ordinance of the Town of Hebron, Indiana, and furthermore, understands that any variation or violations from the provisions of the above mentioned laws and ordinances or conditions shall constitute a cause for revocation of this permit.

Contractor or Owner:

Signature (Please use ink)

Print Name

FOR OFFICE USE ONLY

APPROVED BY: _____
Kenneth Caravana, Building Commissioner

DATE APPROVED: _____

TOTAL FEE PAID \$ _____

DATE PAID: _____

RECEIPT#: _____

RECEIVED BY: _____