



NEW CASTLE COUNTY

DEPARTMENT OF LAND USE
87 READS WAY, NEW CASTLE, DE 19720
PHONE: 302-395-5400 • WWW.NCCDELU.ORG

HomeOwner Responsibility Affidavit
for above-ground swimming pool / hot tub / spa

REV. 7/31/09

PERMIT AP# _____ LOT # _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

POOL / HOT TUB / SPA INSTALLER _____

INSTALLER'S NCC CONTRACTOR ID# _____

ZONING/SETBACK REQUIREMENTS _____

(For Department Use Only)

As the legal owner(s) of the above referenced property, I hereby certify that I have contracted (**contract attached**) with the contractor listed above for the **ASSEMBLY ONLY** of an above-ground pool, hot tub, or spa on my property.

I understand that I am responsible for the completion of all other requirements necessary for the issuance of the Certificate of Occupancy. These items include but are not limited to: electrical permit and inspection, final grading, fencing requirements, etc. (Section 3109.4-Swimming Pools, 2006 International Building Code as Amended by New Castle County).

I also understand that I am responsible for observing all zoning requirements for the placement of the above-ground pool/hot tub/spa on my property. That is, the above-ground pool/hot tub/spa may be located in a rear yard, provided the above-ground pool/hot tub/spa, including all appurtenances such as, but not limited to, the decking, pool filter and pump, shall be at least six feet (6') from any side or rear property line. In the case of a corner lot or multiple frontage lot, the pool shall not be located in the street yard setback.

I further acknowledge that construction must be initiated within 30 days of permit issuance and completed (Certificate of Occupancy issued) within 60 days of permit issuance.

DATE _____

Property Owner (Please Print)

Property Owner's Signature

Property Owner (Please Print)

Property Owner's Signature