



City of Inver Grove Heights  
8150 Barbara Avenue  
Inver Grove Heights MN 55077  
Inspections Department  
Phone: 651-450-2550  
Fax: 651-450-2502  
[www.invergroveheights.org](http://www.invergroveheights.org)

# POOLS

## SWIMMING POOLS, HOT TUBS, SPAS AND INFLATABLE POOLS

### PRIOR TO APPLYING FOR A BUILDING PERMIT, PLEASE CONTACT:

- 1) PLANNING DEPARTMENT AT 651-450-2569 FOR SETBACK AND IMPERVIOUS COVERAGE INFORMATION
- 2) ENGINEERING DEPARTMENT AT 651-450-2570 FOR STORM WATER MANAGEMENT REQUIREMENTS

**PERMIT (Use Miscellaneous Permit Application for Above Ground Pools and a Building Permit Application for In-Ground Pools)**

A permit application and plot plan must be submitted to the City Inspections Division. Information provided must include:

- size
- type of construction
- location of pool on property with setback distances marked
- fencing type and location
- pool cover information (if applicable)

### FEES

Contact the Inspections Department at 651-450-2550 for permit fee information. Payment can be made by cash, check, or major credit card.

### SETBACKS

Swimming pools, hot tubs, spas and inflatable pools shall be set back a minimum of ten (10) feet from any side or rear lot line as measured from the nearest edge of the slope around the pool, the perimeter walk, or the edge of the pool (whichever is closer to said lot line). The setback is measured from the outside edge of the pool, or if so equipped, the edge of a perimeter walk. A minimum six (6) foot separation is required between the principal structure and any accessory structure (including pools).

Swimming pools, hot tubs, spas, and inflatable pools are not allowed in the front or side yards or in the area between the street right-of way and the minimum required building setback line.

### DRAINAGE OF SITE

Swimming pools, hot tubs, spas, and inflatable pools which raise the existing elevation more than eight (8) feet shall be reviewed by the Building Official who shall have the right to refuse the permit for

construction of the same is, in his opinion, adjoining properties will be adversely affected because of the alteration of drainage patterns.

## **DRAINAGE OF POOL**

The drainage of swimming pools, hot tubs, spas, and inflatable pools shall not discharge across adjoining properties.

## **IMPERVIOUS COVERAGE**

Please note that in the "R" residential zoning districts, there is a maximum impervious coverage standard. Please contact the Planning Office at 651-450-2553 if your property is in one of these districts.

## **FENCING**

A minimum four (4) foot non-climbable fence or approved barrier is required around outdoor swimming pools, hot tubs, spas, and inflatable pools or around the property.

Exceptions to the above requirement are:

- A. Hot tubs and spas equipped with latching covers conforming to ASTM F 1346-91, Standard Performance Specifications for Safety Covers and Labeling Requirements.  
Note: Label must be visible at time of inspection.
- B. Inflatable pools with a surface area of fourteen (14) or less feet in diameter, and less than thirty (30) inches in depth from the deepest point to the spill level, and erected between Memorial Day and Labor Day.
- C. Pool covers conforming to ASTM F 1346-91, Standard Performance Specifications for Safety Covers and Labeling Requirements.  
Note: Label must be visible at time of inspection.
- D. Pools with at least 4 foot high side walls with removable ladder.

In instances where the hot tub or spa contains a latching cover or the pool contains a cover or the fence has a door or gate, then the property owner must keep the cover closed and the door and gate closed unless a resident of the property is present outdoors and within 25 feet of the hot tub, spa or pool.

If the fence is equipped with doors or gates, then the doors or gates shall be self-closing, latching and childproof.

## **POOL HEATER**

A separate Mechanical Permit is required for the installation of pool heating equipment.

## **OVERHEAD ELECTRICAL**

A minimum of ten (10) feet horizontal clearance must exist between the inside edge of swimming pools and overhead power service lines (National Electrical Code, Section 680-8). For special situations or further information, contact Gary Pederson, State Electrical Inspector at 952-431-3565.

## **UTILITY LINES**

Contact Gopher State One Call at 651-454-0002 prior to digging to have utility lines marked.

# CITY OF INVER GROVE HEIGHTS BUILDING PERMIT APPLICATION

PERMIT #

SITE ADDRESS

1. BUILDING SITE ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

2. OWNER NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

3. CONTRACTOR \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ (FAX) \_\_\_\_\_

4. ARCHITECT/ENGINEER \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ (FAX) \_\_\_\_\_

5. LEGAL DESCRIPTION OF SITE (attach if long description) \_\_\_\_\_

6. CLASS OF WORK: NEW  ADDITION  REMODEL/ALTERATION  OTHER

7. DESCRIBE WORK \_\_\_\_\_

8. USE OF BUILDING \_\_\_\_\_

9. CONSTRUCTION DATA:

Setbacks: Front _____	Square Feet: Basement _____	Garage _____
Right Side _____	1st Floor _____	Porch _____
Left Side _____	2nd Floor _____	Deck _____
Rear Side _____	3rd Floor _____	Other _____

Structure Height: \_\_\_\_\_ VALUATION (Incl. Labor): \_\_\_\_\_

10. The undersigned acknowledges that he/she has read this application and that the above is correct and agrees to comply with all the ordinances and laws of the City of Inver Grove Heights regulating building construction.

\_\_\_\_\_  
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT                      DATE

NOTICE: This is an application only. Permit will be issued after city approval and payment of fees.

OFFICE USE ONLY

	FEE TYPE	AMOUNT	RECEIPT CODE
Zoning _____	Contractors License	_____	AK
Occupancy _____	Building Permit	_____	AL
Type of Constr. _____	Plan Review	_____	AM
# of Stories _____	Surcharge	_____	BR
Bdrm/Dwelling Units _____	Sprinkler/Alarm Permit	_____	AO
Max. Occup. Load _____	Misc. Permits (Sign, Fence)	_____	AR
Sprinklered _____	MCWS Sac Charge	_____	BP
	Sewer Connection Fee	_____	BD
	Water Connection Fee	_____	BC
Application Accepted By _____	Water Treatment Fee	_____	CD
License No. _____	Meter Sale	_____	WD
Building Insp. Approval _____	Tax on Meter	_____	BQ
Planning Approval _____	B-Line Sewer Connection	_____	BE
Engineering Approval _____	Park Dedication Fees	_____	BO
Fire Marshal Approval _____	Eagan Utility Connections	_____	CA
Approved to Issue By _____	Other Forms & Fees	_____	AS
Date Approved _____	<b>TOTAL FEE</b>	_____	
	Receipt # _____	Date Issued _____	

SPECIAL CONDITIONS \_\_\_\_\_

★ APPLICANT NOT TO SEPARATE SHEETS ★

NOTICE: Inspections made by the City are a public service and do not constitute any representation, guarantee or warranty, either implied or expressed, to any person as to the condition of the building inspected.

8150 Barbara Ave. • Inver Grove Heights, MN 55077 • Inspections 651-450-2550

# CITY OF INVER GROVE HEIGHTS MISCELLANEOUS PERMIT APPLICATION

PERMIT #

1. \_\_\_\_\_  
BUILDING SITE ADDRESS ZIP CODE

2. \_\_\_\_\_  
OWNER NAME ADDRESS PHONE (HOME) (WORK)

3. \_\_\_\_\_  
CONTRACTOR ADDRESS PHONE (FAX)

4. \_\_\_\_\_  
ARCHITECT/ENGINEER ADDRESS PHONE (FAX)

**TYPE OF PERMIT:**

FENCE	<input type="checkbox"/>	POOL (ABOVE GROUND)	<input type="checkbox"/>
RETAINING WALL <4' HIGH	<input type="checkbox"/>	SIGN (TEMPORARY)	<input type="checkbox"/>
CONCRETE (FLAT WORK)	<input type="checkbox"/>	FEE ONLY	<input type="checkbox"/>
ASPHALT	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>

DESCRIBE WORK \_\_\_\_\_  
\_\_\_\_\_

VALUATION (Including Labor): \_\_\_\_\_

The undersigned acknowledges that he/she has read this application and that the above is correct and agrees to comply with all the ordinances and laws of the City of Inver Grove Heights regulating building construction.

\_\_\_\_\_  
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT DATE

NOTICE: This is an application only. The Permit will be issued after city approval and payment of fees.

OFFICE USE ONLY

Application Accepted By	FEE TYPE	AMOUNT	RECEIPT CODE
Zoning	Permit Fee	_____	AL
Occupancy	Plan Review Fee	_____	AM
License No.	Misc. Permits (Sign, Fence)	_____	AR
Building Approval	MCWS Sac Charge	_____	BP
Planning Approval	Sewer Connection Fee	_____	BD
Engineering Approval	Water Connection Fee	_____	BC
Fire Marshal Approval	Water Treatment Fee	_____	CD
Approved to Issue By	Meter Sale	_____	WD
Date Approved	Tax on Meter	_____	BQ
	Other Forms & Fees	_____	AS
	<b>TOTAL FEE</b>	_____	
	Receipt # _____	Date Issued _____	Check # _____

SPECIAL CONDITIONS \_\_\_\_\_  
\_\_\_\_\_

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**1850 BARBARA AVE. • INVER GROVE HEIGHTS, MN 55077 • INSPECTIONS 651-450-2550**