

Private pools Hot tubs (spas)

The Borough of Saint-Laurent has adopted regulations to guide the installation of hot tubs (spas) in order to ensure that this type of equipment provides safe conditions to its users.

A certificate of authorization from the Borough is required prior to constructing, installing or removing a hot tub (spa).

Process

To submit a request for an authorization certificate, the form, "Application for a certificate of authorization for an above-ground or an inground swimming pool or a hot tub (spa)", must be filled in and attached to the required documents. These documents must be submitted to the Division des permis et des inspections, located at 777, boulevard Marcel-Laurin.

Costs

Fees are required to process a request.

Location

Hot tubs are permitted at the following locations:

- Secondary front yard in the case of a corner lot (*figure 1*)
- Side yard
- Rear yard (*figure 2*)
- The terrace of a building, only if designed to support the weight of a hot tub (spa)

Additional provisions

- The hot tub (spa) must not encroach on the lateral setbacks required for the main building.
- The hot tub (spa) must not be located in front of a door, nor obstruct a window.
- The minimum distance between the exterior wall of a hot tub (spa) and the rear lot line is 1.5 m.
- The installation of a hot tub (spa) below an electrical wire or line is prohibited.

Characteristics

- The maximum capacity of a hot tub (spa) is 2000 litres.
- The hot tub (spa) must be equipped with a rigid cover meeting ASTM Standard 1216 for manual safety covers.

Figure 1: Location of a hot tub (spa) on a corner lot.

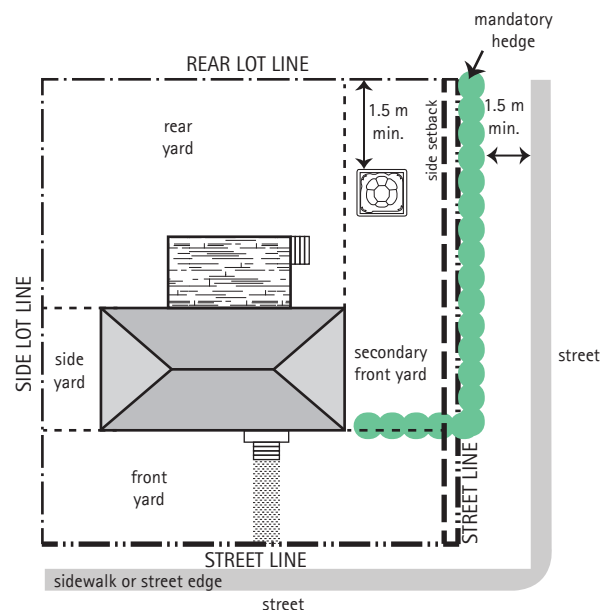
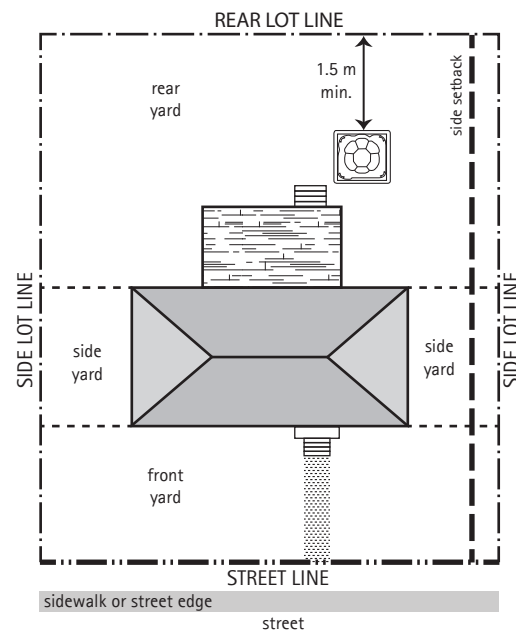


Figure 2: Location of a hot tub (spa) in a rear yard.



Information: 311 – ville.montreal.qc.ca/saint-laurent/infosheets

Legal framework: Règlement sur le zonage n° RCA08-08-0001
Règlement sur les tarifs n° RCA14-08-1

Notice: Certain specific provisions, not mentioned in this document, may apply. This information sheet has been prepared for the convenience of the reader and has no official status. Text accuracy is not guaranteed. For legal purposes, consult the official French version of the bylaw and all its amendments.

APPLICATION FOR A CERTIFICATE OF AUTHORIZATION FOR AN ABOVE-GROUND OR AN INGROUND SWIMMING POOL OR A HOT-TUB (SPA)

All fields must be completed and all required documents must be provided and payment made on the date the application is submitted. Incomplete applications will not be considered.

Note that zoning clauses must be checked: the zoning Bylaw RCA08-08-0001 and the provincial regulations on swimming pools/hot-tubs

REQUIRED DOCUMENTS

- ☐ **2 copies** of the site plan indicating the position of the swimming pool/hot-tub on the property, and also indicating the distance between the swimming pool/spa and the property lines, the building, and the fences. Indicate the locations of all accessory equipment such as water heater, filter, fences (type and height), platform and paved surfaces, and the trees on the property and adjacent properties.
- ☐ **2 copies** of the certificate of location, to scale.
- ☐ **2 copies** of the construction details for an above-ground swimming pool platform, if applicable.
- ☐ The form for the "Application for a certificate of authorization for tree cutting", if applicable.
- ☐ **A cheque** payable to **Ville de Montréal** for the amount of:
\$78 for an above-ground swimming pool or hot-tub;
\$310 for an inground or semi-inground swimming pool.

1. GENERAL INFORMATION

Address of the property	
Type of application <input type="checkbox"/> New construction <input type="checkbox"/> Relocation <input type="checkbox"/> Removal	Work value
Type of pool or hot-tub <input type="checkbox"/> Above-ground pool <input type="checkbox"/> Inground pool <input type="checkbox"/> Semi-inground pool <input type="checkbox"/> Hot-tub	Scheduled work date

2. NAME OF BUILDING OWNER OR MANAGER

Name of owner or manager	Contact person
Complete address	Postal code
Telephone	Email address

3. NAME OF CONTRACTOR

Name of contractor	Telephone
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4. APPLICANT

Name	Contact person
Complete address	Postal code
Telephone	Email address

5. SIGNATURE

I certify that all of the information I have provided is accurate.	
I acknowledge that any error or omission could result in the cancellation of this application and of the certificate.	
First and last names	
Signature	Date

A L'USAGE DU BUREAU SEULEMENT

Approuvé par	Approbation en date	Numéro du certificat d'autorisation
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