



## Swimming Pool and Hot Tub Permit Application

Permit Number \_\_\_\_\_

PROJECT INFORMATION				
Project Address	Apt #	Subdivision	Lot	Block
Property Owner Name	Property Owner Address (if different)		Phone	
General Contractor Name	General Contractor Address		Phone	
Contact Email:				
DESCRIPTION OF WORK				
Description of work to be done:				
Project Value: \$				
<b><u>Project Details</u></b>				
<input type="checkbox"/> In Inground pool <input type="checkbox"/> Above ground pool <input type="checkbox"/> Spa / Hot tub				
Fences surrounding pools or yards with pools must comply with code requirements.				
SWIMMING POOL / SPA LOCATION				
<ul style="list-style-type: none"> <li><b>Rear Yard</b> - The pool must be located at no less than 11' from the rear property line.</li> <li><b>Side Yard</b> - The pool must be located at no less than 10' from the side property line.</li> <li><b>Easements</b> - Pools, pool decks and pool equipment cannot be located within any easement.</li> <li><b>Buildings</b> - Pools must be located no less than three feet (3') from buildings with foundations and at least one foot (1') for every one foot (1') of depth - measured to any point of excavation.</li> </ul>				
CONTRACTOR TRADES (COMPANY NAME)				
<b>Contractors must validate on this permit before starting work</b>				
Plumbing Contractor	Electrical Contractor	Other		
<b>NOTICE</b>				
I certify that I have read this application and state that the above information is correct. I agree to comply with all city ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.				
This permit becomes null and void if work or construction authorized is not commenced within 180 days, or construction on work is suspended or abandoned for a period of 180 days at any time after work is commenced.				
Applicant Name (print)		Applicant Signature		Date

*For a complete application, payment must be received within 48 hours of submission.*

-----OFFICE USE ONLY BELOW THIS LINE-----

Plan Review Fee:	Received By:	Date:
Permit Fee:	Approved By:	Date: