



# Swimming Pool and Spa Permit Application

**Permit Number**  
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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 ground pool <input type="checkbox"/> Above ground pool <input type="checkbox"/> Spa / Hot tub			
Fences surrounding pools require separate permits.			
SWIMMING POOL / SPA LOCATION			
<ul style="list-style-type: none"> <li><b><u>Rear Yard</u></b> - The pool must be located at least eight feet (8') from the rear property line.</li> <li><b><u>Side Yard</u></b> - The pool must be located at least eight feet (8') from the side property line.</li> <li><b><u>Easements</u></b> - Pools, pool decks and pool equipment cannot be located within any easement.</li> <li><b><u>Buildings</u></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>			
<p>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.</p> <p>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.</p>			
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: