

## Division of Building Services Private Above Ground Seasonal Pool Permit

## **Applicant Please Complete Items 1-8**

1	2.	
Address (where the pool will be located)	Legal Description	n of Property
3.		
Owner of Record (of property)	Mailing Address, City, State, Zip	Phone
4		
Contractor (Who will install/erect pool?)	Mailing Address, City, State, Zip	Phone License #
5. Pool Checklist: Site Plan (please attach	n) Do you own and occupy th	ne home? YES No
Do you rent the home? Yes No Ten	nant Name:	
If you rent your home, submit written appr	roval (to have a pool) from the landlord/	property owner? Yes 🗌 No 🗌
Will a new fence be needed? Yes ☐ No ☐	If fence is existing: Height of fence	P Fence Material/Type:
Will electrical work be performed in conju	nction with pool installation? Yes 🗌 N	o Electrical Contr. Name
6. Applicant's Name	7. Applicant Phone Numbe	r
	he granting of a permit does not presume to give auth	provisions of laws and ordinances governing this type of work pority to violate or cancel the provisions of any other state or
0.6' 4.6.1' 4		<b>D</b> . (
8. Signature of Applicant:		Date:
	Staff use only	
***************************************	Stair ase only	
Application Accepted By:(Staff Signature)		
Application Accepted By:  (Staff Signature)  Approved By:  Date	Date:	_ Permit Number
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