

# EXPRESS PERMIT SWIMMING POOL APPLICATION

Property Address \_\_\_\_\_ Parcel ID# \_\_\_\_\_

Residential     Commercial    Ste # \_\_\_\_\_

Business Name \_\_\_\_\_

Property Owner \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Pool Contractor \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

State Contractors license # \_\_\_\_\_ Exp. Date \_\_\_\_\_

City Business License (UBI) # \_\_\_\_\_ Exp. Date \_\_\_\_\_

BLD-20 \_\_\_\_\_

## PROJECT INFORMATION

Valuation : \$ \_\_\_\_\_

Fee : \$ \_\_\_\_\_

Above ground     In ground

**Paper work required for submittal**

- 2 Sets of engineered drawings
- Plot plan to scale showing, set back dimensions, barrier locations and equipment locations
- Health Department approval if on septic
- Mechanical permit application if pool is heated

Address \_\_\_\_\_

**Mark the applicable information below**

<input type="checkbox"/> Septic	<input type="checkbox"/> Fence (note type of fencing and gates)
<input type="checkbox"/> City Sewer	<input type="checkbox"/> Power safety cover to comply with ASTM F 1346
<input type="checkbox"/> Heated(mech app needed)	<input type="checkbox"/> Door Alarms
<input type="checkbox"/> Non Heated	<input type="checkbox"/> Pool Ladder for only 4' above ground pools
<input type="checkbox"/> Pump specs	

It is the responsibility of the applicant to provide all necessary information required for review. Please verify that all sections applicable to the proposed project have been completed in order to prevent any delay in plan review. Incomplete applications will be returned.

Owner \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date Received \_\_\_\_\_

