OFFICE OF THE BUILDING DEPARTMENT
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POOL PERMIT APPLICATION
PLEASE ATTACH PLOT PLAN

Date: _____ Map: _____ Lot: _____

Owner: _____ Address: _____
Owners Phone No: _____
Contractor/Installer: _____ Address: _____
Contractor/Installer Phone#: _____

GENERAL INFORMATION

Type: _____ Estimated Cost: _____
Length: _____ Width: _____ Volume: _____
Round: _____ Oval: _____ Oblong: _____
Source of Water: _____

PLANS SUMITTED FOR APPROVAL

Size: Swimming Area (sqft.):_____ Trim and Finish: _____
Non Swimming Area (sqft): _____ Minimum Width: _____
Maximum Pool Capacity (persons):_____ Decking Type: _____
Deck dimension: _____

MECHANICAL INFORMATION

Type of Filter: _____ Total Filter Area (sqft): _____
Circulation Rate g.m.p: _____ Backwash Rate g.m.p.: _____
Turnover Rate in hrs: _____ Skimmers: _____ Number: _____
Chlorinator Type: _____ Capacity: _____
Chemical Feeders: _____ Capacity: _____ Quantity: _____

APPLICANTS SIGNATURE: _____ PHONE: _____

BUILDING INSPECTOR: _____ DATE: _____

Permit Number: _____ Fee: _____