



Permit #: _____

POOL/SPA PERMIT APPLICATION

Site Address: _____	Zip: _____
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PROPERTY			
Parcel # _____ - _____ - _____ - _____	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial – Property Name: _____		
Property Owner of Record: _____		Phone: _____	
Address: _____		Suite #: _____	
City: _____	State: _____	Zip: _____	
Lot Building Lines: Left Side Setback _____ FT Right Side Setback _____ FT Rear Setback _____ FT			

POOL CONTRACTOR			
Company Name: _____		Phone: _____	
Contact: _____		E-Mail: _____	
Address: _____		Suite #: _____	
City: _____	State: _____	Zip: _____	
Applicant is: <input type="checkbox"/> Pool Contractor <input type="checkbox"/> Property Owner		Business License #: _____	

WORK INFORMATION	
Describe Work to be Performed:	Valuation: _____
Type: <input type="checkbox"/> In-ground Pool <input type="checkbox"/> Above-ground Pool <input type="checkbox"/> In-ground Spa <input type="checkbox"/> Above-ground Spa	
Material: <input type="checkbox"/> Gunite/Shotcrete <input type="checkbox"/> Vinyl <input type="checkbox"/> Other _____	
Water's Closest Edge to: Rear Lot Line _____ FT Side Lot Line _____ FT House/Structure _____ FT	
Pool Length _____ FT x Width _____ FT Surface Area _____ SF Spa Surface Area _____ SF	
Filter Type: <input type="checkbox"/> Cartridge <input type="checkbox"/> Sand <input type="checkbox"/> Diatomaceous Earth (DE)	
If filter requires backwashing, backwash water will be disposed of in: <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Drywell	
Heated Pool: <input type="checkbox"/> Yes <input type="checkbox"/> No	Heater Type: <input type="checkbox"/> Electric <input type="checkbox"/> Gas Capacity: _____ BTU's
Length of line from gas meter to pool heater _____ LF	Gas Line Size: _____ IN
Associated Work: <input type="checkbox"/> Electrical <input type="checkbox"/> Gas <input type="checkbox"/> Low Voltage – alarms, lighting, etc. <i>(separate permits required)</i>	
Will accessory structures, spas, waterfalls, diving board, decking, fence, retaining walls, etc. be constructed? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(may require separate permits)</i>	

CERTIFICATION

I certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any state or local law regarding construction or the performance of construction. I understand that I am responsible for obtaining all required inspections. The work must begin and the first inspection passed no more than 180 days from the issue date of the permit or the permit is EXPIRED. All required plans, specifications, contractor state licensure, and business licenses must be submitted with the completed application. If any information is found to be false or misrepresented, the permit will be deemed invalid. I agree to indemnify and hold harmless the City of Brookhaven from all damages, demands, or expenses of every character which may in any manner be caused by the work permitted.

Applicant's Signature: _____ Date: _____

Copy of pool contractors' current license (Occupational Tax Certificate) and photo ID must be submitted with application.