APPLICATION FOR COMBINATION POOL PERMIT

PLEASE FILL OUT THE FOLLOWING INFORMATION

JOB ADDRESS:_____ UNIT NUMBER: _____

CITY/LOCALITY: _____ CROSS STREET: _____

ASSESSOR INFORMATION NUMBER: _____ - _____ - _____

TENANT: _____ _____ ____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

OWNER'S NAME: _____ _____ ____ OWNER/BUILDER: YES ◯ NO ◯
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____ _____ PHONE: (____) _____ EXT: _____

APPLICANT: _____ _____ ____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____ _____ PHONE: (____) _____ EXT: _____

CONTRACTOR: _____ _____ ____ LIC. NUMBER: _____ CLASS: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____ _____ PHONE: (____) _____ EXT: _____

ARCH/ENG: _____ _____ ____ LIC. NUMBER: _____ CLASS: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____ _____ PHONE: (____) _____ EXT: _____

WORK DESCRIPTION: _____

_____

_____

VALUATION: $_____ POOL SIZE: _____SF

FOR BUILDING AND SAFETY USE ONLY

LOT SIZE:_____X_____ POOL TYPE - RESIDENTIAL:_____COMMERCIAL:_____SPA:_____

SIZE:_____(SQFT) USE ZONE:_____ MAP NBR:_____

SPECIAL COND'S:_____

SETBACKS	YARD	HIGHWAY	TOTAL FROM PL	EXIST STREET WIDTH
FRONT PL:	_____	_____	_____	_____
SIDE PL:	_____	_____	_____	_____

STAT CLASS:_____ CONSTRUCTION TYPE:_____ FIRE ZONE:_____