



APPLICATION FOR COMBINATION POOL PERMIT

APPLICATION NO.: PR _____ (FOR OFFICE USE ONLY)

PLEASE FILL OUT THE FOLLOWING INFORMATION

JOB ADDRESS: _____ UNIT NO.: _____

CITY/LOCALITY: _____ CROSS – ST: _____ ASSESSOR INFORMATION NO.: ____-- ____-- ____

OWNER'S NAME: _____ (LAST NAME/BUSINESS NAME) _____ (FIRST) _____ (MI) OWNER/BUILDER: YES _____ NO _____
(IF YES, COMPLETE OWNER/BUILDER DECLARATION)

ADDRESS: _____ PHONE (____) _____ Ext. _____

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

ADDRESS: _____ PHONE (____) _____ Ext. _____

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

ADDRESS: _____ PHONE (____) _____ Ext. _____

CONTRACTOR: _____ (LAST NAME/BUSINESS NAME) _____ (FIRST) _____ (MI) LIC. NO.: _____ CLASS: _____

ADDRESS: _____ PHONE (____) _____ Ext. _____

ARCH/ENG: _____ (LAST NAME/BUSINESS NAME) _____ (FIRST) _____ (MI) LIC. NO.: _____ CLASS: _____

ADDRESS: _____ PHONE (____) _____ Ext. _____

WORK DESCRIPTION: _____

VALUATION: _____

POOL SIZE: _____ SQ. FT.

THIS DOCUMENT IS TWO-SIDED

FOR BUILDING AND SAFETY USE ONLY

LOT SIZE: _____ X _____

POOL TYPE – RESIDENTIAL: _____

COMMERCIAL: _____

SPA: _____

SIZE _____ (SQ. FT)

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: _____

CITY'S TRANSPARENCY POLICY FOR CONTRACTORS:

Do you have any negative disciplinary actions from the CSLB for the past five years?

CASE NUMBER AND REASONS: _____

PROPERTY OWNER SIGNATURE: _____