



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
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FRONT PL:	_____	_____	_____	_____
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SIDE PL:	_____	_____	_____	_____
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STAT CLASS: _____ CONSTRUCTION TYPE: _____ FIRE ZONE: _____