

Application for Swimming Pool Permit

TOWN OF TRINITY

APPLICANT TO COMPLETE NUMBERED SPACES ONLY

1. JOB SITE ADDRESS: _____

2.
 Who is the Swimming Pool Contractor: _____
 Who is the Fence Contractor: _____
 Who is the Electrical Contractor: _____

IMPORTANT: No permits for swimming pools will be issued until these contractors are identified. If it is the intent of the homeowner to act as the contractor on any one or all of the above, it will be necessary that a meeting be scheduled with office personnel to explain what the requirements for pool installation are. It is a violation of local ordinance to utilize unlicensed contractors. Separate Electrical permit required.

Please provide a survey of the lot that on which the pool is to be installed.

Describe the dimensions of the pool, indicating if it is to be heated, has below water lighting, and is in-ground or above ground:

What is the dollar value, including labor and materials, of the work?

3.
 Who owns this property?
 Owner Name: _____
 Address: _____
 City, State, Zip: _____ Phone: _____

NOTICE
 Separate Permits are required for electrical, plumbing, mechanical and fuel gas work. This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is commenced.
 I hereby 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 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 other state or local law regulating construction or the performance of construction.

Signature of Contractor or Authorized Agent _____ Date _____
 Signature of Owner (if owner is applicant) _____ Date _____

Office Use:

License Check	Permit Fee	Total Fees
Code Edition	Occupancy Group	Total Input Rating for Gas Appliances
Flood Zone	Zoning District	Wheeler
Approved by	Date	Special Conditions

Comments: