



Office Use Only:

Permit No: _____

Total Fee _____

Pool Permit Application

THE APPLICANT IS: OWNER CONTRACTOR

SITE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

JOB DESCRIPTION: _____ VALUATION: \$ _____

OWNER	NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE # WHERE YOU CAN BE REACHED _____ EMAIL _____
CONTRACTOR	COMPANY NAME _____ LICENSE # _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ CONTACT NAME _____ PHONE # WHERE YOU CAN BE REACHED _____ EMAIL _____
MECHANICAL CONTRACTOR	COMPANY NAME _____ LICENSE # _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ CONTACT NAME _____ PHONE # WHERE YOU CAN BE REACHED _____ EMAIL _____

TYPE OF POOL

IN-GROUND POOL
Size of Pool _____

ABOVE-GROUND POOL
Size of Pool _____
Wall Height _____

NON-CLIMBABLE FENCE?

YES NO

If NO, Separate Fence Permit Required

WILL THE POOL BE HEATED?

YES NO

AUTOMATIC POOL COVER (F1346-91 ASTEM) IN LUE OF FENCE?

YES NO

POOL ENCLOSURE – IF ABOVE GROUND POOL

- DECK WITH GATED ENTRANCE (Separate Permit Required)
- FENCE (Around Pool Only) (Separate Permit Required)
- FENCE (Around Ladder Only)
- GATED LADDER

THE UNDERSIGNED HEREBY AGREES THAT, IN CASE SUCH PERMIT IS GRANTED, THAT ALL WORK WHICH SHALL BE DONE AND ALL MATERIALS WHICH SHALL BE USED SHALL COMPLY WITH THE PLANS AND SPECIFICATIONS HERewith SUBMITTED AND WITH ALL THE ORDINANCES OF SAID CITY OF DAYTON APPLICABLE HERETO.

NAME OF APPLICANT (please print) _____

APPLICANT'S SIGNATURE _____ DATE _____

Office Use Only:

Permit Type:

Building ____ (All inground; >5,000 gallons; or 24" depth)

Zoning ____ (<5,000 gallons above ground)

Permit Sub-Type:

Swimming Pools ____

Work Type:

New _____

Replace _____

Alter/Remodel _____

Move _____

Required Inspections:

Pool Footing (61) _____

Final (65) _____

Mechanical RI _____

Mechanical Final _____

Permit Fee:

\$ _____ PERMIT FEE

\$ _____ SURCHARGE

\$ _____ SOFTWARE SURCHARGE

\$ _____ MECHANICAL FEE

\$ _____ **TOTAL**

APPROVED BY:

BUILDING INSPECTOR: _____ Date: _____

ZONING ADMINISTRATOR: _____ Date: _____

COMMENTS: _____

