



CONSTRUCTION PERMIT APPLICATION
for Water Recreational Facilities

General Project Information

Project Name: _____

Address: _____

Number of **Plan Review Checklists** submitted? _____
(refer to current fee schedule)

1. Gallons/volume _____ \$ _____
 2. Gallons/volume _____ \$ _____
 3. Gallons/volume _____ \$ _____
 4. Gallons/volume _____ \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

Owner's Name: _____	Architect/Engineer: _____
Address: _____ _____	Address: _____ _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Email: _____	Email: _____
General Contractor: _____	Pool Contractor: _____
Address: _____ _____	Address: _____ _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Email: _____	Email: _____

Name of local building authority: _____

Name of public water supply serving this facility: _____

Is property to be served by:

Public Sewer
 Name of System: _____

Onsite Sewage Disposal System
 Tax Account Number: _____

PROJECT COMPLETION DATE: _____
 (best estimate)

 SIGNATURE DATE

FOR HEALTH DEPARTMENT USE