



CONSTRUCTION PERMIT APPLICATION
for Water Recreational Facilities

General Project Information

Project Name: _____ Number of **Plan Review Checklists** submitted? _____
refer to current fee schedule)

Address: _____ 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: _____
E-mail address: _____ E-mail address: _____

General Contractor: _____ Pool Contractor: _____
Address: _____ Address: _____
Phone: _____ FAX: _____ Phone: _____ FAX: _____
E-mail address: _____ E-mail address: _____

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)

X _____
SIGNATURE DATE

FOR HEALTH DISTRICT USE

ConstructionWaterRecreationalPermitApp_EH_04_2014_kkc