



400 East Main Street
 Hogansville, GA 30230
 Phone: 706-637-8629
 Fax: 706-637-4813
 Email:

Permit #:

POOL/SPA PERMIT APPLICATION

Site Address:	Zip:
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PROPERTY			
Parcel # _____	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial -- Property Name: _____	
Property Owner of Record:		Phone:	
Address:		Suite #:	
City:	State:	Zip:	
Lot Building Lines: Left Side Setback _____ FT Right Side Setback _____ FT Rear Setback _____ FT			

POOL CONTRACTOR			
Company Name:		Phone:	
Contact:		E-Mail:	
Address:		Suite #:	
City:	State:	Zip:	
Applicant is: <input type="checkbox"/> Pool Contractor <input type="checkbox"/> Property Owner			Business License #:

WORK INFORMATION		
Describe Work to be Performed:		Valuation:
Type: <input type="checkbox"/> In-ground Pool <input type="checkbox"/> Above-ground Pool <input type="checkbox"/> In-ground Spa <input type="checkbox"/> Above-ground Spa		
Material: <input type="checkbox"/> Gunite/Shotcrete <input type="checkbox"/> Vinyl <input type="checkbox"/> Other _____		
Water's Closest Edge to: Rear Lot Line _____ FT Side Lot Line _____ FT House/Structure _____ FT		
Pool Length _____ FT x Width _____ FT Surface Area _____ SF		Spa Surface Area _____ SF
Filter Type: <input type="checkbox"/> Cartridge <input type="checkbox"/> Sand <input type="checkbox"/> Diatomaceous Earth (DE)		
If filter requires backwashing, backwash water will be disposed of in: <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Drywell <input type="checkbox"/> Other		
Heated Pool: <input type="checkbox"/> Yes <input type="checkbox"/> No	Heater Type: <input type="checkbox"/> Electric <input type="checkbox"/> Gas	Capacity: _____ BTU's
Length of line from gas meter to pool heater _____ LF		Gas Line Size: _____ IN
Associated Work: <input type="checkbox"/> Electrical <input type="checkbox"/> Gas <input type="checkbox"/> Low Voltage – alarms, lighting, etc. <i>(separate permits required)</i>		
Will accessory structures, spas, waterfalls, diving board, decking, fence, retaining walls, etc. be constructed? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(may require separate permits)</i>		

CERTIFICATION

I 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 of 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 state or local law regarding construction or the performance of construction. I understand that I am responsible for obtaining all required inspections. The work must begin and the first inspection passed no more than 180 days from the issue date of the permit or the permit is EXPIRED. All required plans, specifications, contractor state licensure, and business licenses must be submitted with the completed application. If any information is found to be false or misrepresented, the permit will be deemed invalid. I agree to indemnify and hold harmless the City of Hogansville from all damages, demands, or expenses of every character which may in any manner be caused by the work permitted.

Applicant's Signature: _____ Date: _____

Copy of pool contractors' current license (Occupational Tax Certificate) and photo ID must be submitted with application.