

City of Hogansville

400 E. Main Street
 Hogansville, GA 30230
 (706) 637-8629
 Fax (706) 637-4813



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| Permit # |
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POOL/SPA PERMIT APPLICATION

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|---------------|------|
| Site Address: | Zip: |
|---------------|------|

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: | Email: | |
| 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 (may require separate permits) | |

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.