



147 Technology Parkway, Suite 200
Peachtree Corners, GA 30092
678-691-1200

Pool/Spa Permit Application

Residential

Commercial/Public

Date: ____ / ____ / ____

Permit No. _____

ESTIMATED VALUE (Labor and Materials): \$ _____

JOB SITE ADDRESS:

SUBDIVISION/PROJECT NAME:

LOT #:

Job Description:

Property Owner

Name:

Email:

Address:

Phone:

Contractor

Business Name:

Email:

Address:

Phone:

Contact Person: _____ Office: _____

Email: _____ Mobile: _____

Project Manager: _____ Office: _____

Email: _____ Mobile: _____

Design Professional: _____ Office: _____

Email: _____ Mobile: _____

TOTAL Pool/Spa SQFT: _____

Within 2,000 feet of River Corridor? ___Y ___N

Pool Type: ___ In-Ground ___ Above Ground

Notice: No changes shall be made from that which is stated in this application, or in attached plans and specifications, except by submitting a revised application, plans and/or specifications and receiving approval of the Chief Building Official for such change. Granting of a permit shall not be construed as a permit for or an approval of any violation of the Building Code or any other state or local law regulating construction or the performance of construction. I hereby certify that I have read and examined this application and the information provided herein is true and correct. I further certify that all construction will comply with the current Codes as adopted by the Georgia Department of Community Affairs.

Signature of Permittee or Designated Agent: _____ Date: _____

FOR OFFICE USE ONLY

Application Accepted by:

Notes:

Administrative Fee:

Plan Review Fee:

Permit Fee:

C of C Fee:

Stop Work Penalty:

Total Fee:

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____