CITY OF PEACHTREE CORNERS
BUILDING DEPARTMENT
310 Technology Parkway, Peachtree Corners, GA, 30092
Tel: 678-691-1200 | www.peachtreecornersga.gov

Pool / Spa Permit Application

Date: _____ ePlan #: _____

Permit Number: _____

Site Information: ◯ Residential ◯ Commercial / Public | ◯ Sewer ◯ Septic

ESTIMATED VALUE (Labor and Materials): $_____

Job Site Address:	Subdivision / Project Name:	Lot Number:

Job Description:

Property Owner	Property Owner Name:	Property Owner Email:
	Property Owner Address:	Property Owner Phone Number:
Contractor	Business Name:	Business Email:
	Business Address:	Business Phone Number:

Contact Person: _____ Office Phone: _____

Email: _____ Mobile Phone: _____

Project Manager: _____ Office Phone: _____

Email: _____ Mobile Phone: _____

Design Professional: _____ Office Phone: _____

Email: _____ Mobile Phone: _____

TOTAL Pool / Spa SQ FT: _____ Pool Type: ◯ In-Ground ◯ Above Ground

Within 2,000 feet of River Corridor? ◯ Yes ◯ No

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 of 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
$_____	$_____	$_____	$_____	$_____	$_____