



**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: _____		Permit Number: _____			
Site Information:		Residential	Commercial / Public		
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					
<p>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.</p>					
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
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____