

## POOL PERMIT APPLICATION

Property Owner:	Permit #:
STRAP #:	Lot: Block: Unit:
Job Address:	Subdivision:
Directions to job:	
Contractor Business Name / Applicant Name:	
License Number:	Phone:
Email Address:	
Permit Requested:	
DO #:	Health Department Approval: 🗌 No 📋 Yes
Pool Safety Feature (Check One):	
□ Barrier □ Alarms □ Self-Closing Latchin	ng Doors Dool Cover Removable Ladder (for above ground pools with a wall height of 48" or greater)
Pool/Spa Type:  Fiberglass  Masonry	Above Ground (Dimensions:)
Retaining Wall?	Pool Const. Drawings Mastered?
Pool Deck? (Sep. permit for above ground pool's deck)	Pool Master #:
House under construction?	Pool Value: \$
House Permit Number:	
Are you using Private Provider services for Plan Revie	ew? 🗌 No 🗌 Yes Inspections? 🗌 No 🗌 Yes
POOL ENCLO	SURE AFFIDAVIT
I understand in accordance with the Zoning Regu <u>PERMANENT ENCLOSURE MUST BE IN PLACE</u>	permit. The enclosure will be a separate permit. However, lations of the Lee County Land Development Code, <u>A</u> AND AN ENCLOSURE PERMIT POSTED PRIOR TO A
FINAL INSPECTION AND CERTIFICATE OF COMPI	<u>LIANCE BEING ISSUED FOR MY PERMIT.</u>
Contractor / Owner Name:	
Project Address:	
BEEN MADE FOR A PERIOD OF SIX (6) MONTHS FROM THE MOST R CLASSIFICATION IS VIOLATED. APPLICANT AGREES TO COMPLY W PROPOSED STRUCTURE MAY NOT BE USED OR OCCUPIED UNTIL A FURTHER UNDERSTANDS THAT FAILURE TO OBTAIN PERMIT OR M	AN APPROVED CERTIFICATE OF OCCUPANCY IS ISSUED. APPLICANT ISREPRESENTATION OF THE IMPROVEMENTS IS A MISDEMEANOR AND BY THE LAW. FAILURE TO COMPLY WITH THE MECHANICS LIEN LAW CAN MENTS.
Signature Authorization:	Date:
Printed Name:	

\*\*\*If over \$5000 an NOC is required.\*\*\*