



Permit #:

POOL/SPA & BARRIER PERMIT APPLICATION

Job Site Address:	Pool/Spa Valuation: \$
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PROPERTY

<input type="checkbox"/> Residential (single-family) <input type="checkbox"/> Commercial – Property Name:			
Property Owner of Record:		Phone:	
Address:		Email:	
City:	State:	Zip:	
Lot Building Lines: Left Side Setback _____ FT Right Side Setback _____ FT Rear Setback _____ FT			

POOL CONTRACTOR

Company Name:		Phone:	
Contact:		E-Mail:	
Address:		Suite #:	
City:	State:	Zip:	
Business License #:	Expires:	Jurisdiction:	

APPLICANT

Applicant is: <input type="checkbox"/> Pool Contractor <input type="checkbox"/> Permit Agent <input type="checkbox"/> Property Owner	Phone:
Applicant's Name:	Email:

POOL/SPA INFORMATION

Describe Work to be Performed:	Height of Existing Barrier/Fence: _____ FT
	New Barrier/Fence Length: _____ LF
Pool Length _____ FT x Width _____ FT = Surface Area _____ SF Capacity _____ GAL Depth _____ FT	Spa Surface Area _____ SF Spa Is: <input type="checkbox"/> Permanent <input type="checkbox"/> Portable
Type: <input type="checkbox"/> In-ground Pool <input type="checkbox"/> Above-ground Pool > 24" high <input type="checkbox"/> In-ground Spa <input type="checkbox"/> Above-ground Spa	
Material: <input type="checkbox"/> Gunitite <input type="checkbox"/> Shotcrete <input type="checkbox"/> Vinyl <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>(Trade permits/affidavits required)</i>	
Will accessory structures, waterfalls, diving board, retaining walls, etc. be constructed? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(may require separate permits)</i>	
Does existing barrier meet requirements of 2018 International Swimming Pool & Spa Code? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(include required barrier on plans)</i>	

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 Johns Creek 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 business license (Occupational Tax Certificate) and photo ID must be submitted with application. See Pool Permit Submittal Requirements checklist – incomplete applications or plans will delay permit approval.