



City of Alpharetta

POOL PERMIT APPLICATION

Application is hereby made according to the laws and ordinances of the City of Alpharetta, Georgia for a permit to construct and use a building or structure as described herein and shown on the City code compliance reviewed plans and specifications and to be located as shown on the accompanying City reviewed plat plan and, if same, is granted by the City, I/we agree to conform to all laws and ordinances regulating same.

ALL APPLICABLE BLANKS MUST BE FILLED IN – NO P.O. BOX ADDRESSES – PLEASE PRINT LEGIBLY

Application Date: _____

Applicant is: Owner/Agent Contractor/Agent Pool is: Residential Commercial

PROPERTY INFORMATION

Project Address: _____ Lot No.: _____

Subdivision Name: _____ Public Sewer Private Sewer

City Zoning Classification: _____ Land Lot: _____ District: _____ Section: _____

Lot Building Lines: Left Side Setback: _____ ft. Right Side Setback: _____ ft. Rear Setback: _____ ft.

PROPERTY OWNER: _____ Phone: _____

Street Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

CONTRACTOR: _____ Phone: _____

Street Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Business Registration No: _____ Issued In: _____ Expires: _____

Contractor License No: _____ State: _____

Qualifying Agent: _____ Qualify Agent Number: _____

POOL INFORMATION

Work Type: In-Ground Above Ground Gunite/Shotcrete Vinyl Other

Water's Edge Closet Point To: Rear Lot Line: _____ Ft. Side Lot Line _____ Ft. House/Structure: _____ Ft.

Pool Length: _____ Linear Ft. Pool Width: _____ Linear Ft. Pool Surface area: _____ Sq. Ft.

Shallow Depth: _____ Ft. Deep Depth: _____ Ft. Capacity: _____ Gallons_ Filter Type: _____

Chemical Used: _____ Pump Type: _____ Size: _____ Hp. Operating Pressure: _____ BTUs

Heated Pool: No Yes Heater Type: Electric Gas capacity: _____ BTU

Gas Line Size: _____ Length of gas line from meter to pool heater: _____ Linear Ft.

Will accessory structures (spa, waterfalls, slides, retaining walls, etc.) be included in construction: Yes No

If Yes - Briefly Describe: _____ Spa Area _____ Sq.ft.

Associated Work? Electrical Low Voltage Mechanical Plumbing

Applicant Printed Name: _____ Applicant Signature: _____

Applicant Email: _____ Phone: _____