



APPLICATION FOR SWIMMING POOL PERMIT THIS IS NOT A PERMIT

Phone: 706-367-6335

Jackson County Code Enforcement Office
67 Athens Street, Jefferson, GA 30549

Fax: 706-367-4554

Fill out the following information and turn in with all supplemental documentation requested by the Public Development Department. Any application that is found to be incomplete **will not** be issued a permit.

Date: _____ Residential _____ Commercial _____ Estimated Cost _____

Address of Installation _____ Map and Parcel # _____

Pool Owner _____ Phone _____

Contractor _____ Phone _____

Address _____ License # _____

Electrician _____ Phone _____

Address _____ License # _____

SPECIFICATIONS

Type of Construction _____

Dimensions: Width _____ Length _____ Depth at deepest point _____

Trade name (if prefabricated) _____

Material and thickness of sidewall _____ Material and thickness of liner _____

Material and thickness of bottom _____ Size and spacing of reinforcing _____

Type Filter: Sand _____ Gravel _____ Diatomite _____ Other _____

Filter Rated GPM _____ Turnover Time _____

Waste Water Disposal Method _____

Water Make-up Method _____ Back Flow Device _____

Diving Board _____ Slide _____ Underwater Light _____

Is underwater light low or line voltage? _____

A SITE PLAN MUST ACCOMPANY THIS APPLICATION SHOWING THE DECKS AND APRONS AND THE LOCATION OF THE POOL IN RELATION TO OTHER BUILDINGS ON THE PROPERTY AND THE SET-BACK DISTANCES FROM THE PROPERTY LINES.

If approval is granted, I agree that all regulations pertaining to the construction and/or installation of swimming pools will be complied with. Furthermore, I understand and acknowledge that a four-foot high fence around the swimming pool is required and accept responsibility to install the fence prior to the swimming pool being filled with water.

Owner/Contractor Name (print)

Owner/Contractor Signature

FOR OFFICE USE ONLY: Zoning: _____ Planner Approval: _____ Date: _____	
Building Inspector Approval: _____ Date: _____	
<input type="checkbox"/> DENIAL OF APPLICATION	<input type="checkbox"/> INCOMPLETE
Date: _____	By: _____
Reason: _____	