



# 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: \_\_\_\_\_

DENIAL OF APPLICATION  INCOMPLETE Date: \_\_\_\_\_ By: \_\_\_\_\_

Reason: \_\_\_\_\_

