



CITY OF  
**OAK GROVE**  
MISSOURI

2110 S Broadway, PO Box 805  
Oak Grove, Missouri 64075  
816.690.3773 • 816.690.8478

## POOL PERMIT APPLICATION

(above ground)

Inspections call:  
(816) 690-3773 Ext. 1007

return applications to:  
[buildingofficial@cityofoakgrove.com](mailto:buildingofficial@cityofoakgrove.com)

**FEE CALCULATED  
(Minimum \$25)**

The City has adopted the  
2012 International Codes

Applied date \_\_\_\_\_ Permit Number \_\_\_\_\_

Project Address: \_\_\_\_\_ Lot: \_\_\_\_\_

Commercial: \_\_\_\_\_ Residential: \_\_\_\_\_ Multi-Family # of units \_\_\_\_\_

New Construction: \_\_\_\_\_ Remodel: \_\_\_\_\_ Tenant Finish: \_\_\_\_\_ Other \_\_\_\_\_

Service Amps: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

### PROPERTY OWNER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

### APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Owner: \_\_\_\_\_ Contractor: \_\_\_\_\_ Architect: \_\_\_\_\_ Engineer: \_\_\_\_\_ Other: \_\_\_\_\_

Company Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business License #: \_\_\_\_\_

- Application for a permit and payment of proper fees must be made prior to commencement of work or the fee will be 3 times the amount of the permit fee.
- Permits are valid for 180 days.
- It shall be the duty of the person doing the work authorized by a permit to assure that all required inspections are scheduled and approved by the City Inspectors. Furthermore, it shall be the duty of the person requesting the inspection to provide access to and means for inspection of the work. The individual who signs this application assumes all responsibility and liability for all work performed as specified herein.

**SEE REVERSE SIDE OF PAGE.**

**Applicant Name Printed:** x \_\_\_\_\_

**Applicant Signature:** x \_\_\_\_\_ **Date:** \_\_\_\_\_

**Building Official Printed:** x \_\_\_\_\_

**Building Official Signature:** x \_\_\_\_\_ **Date:** \_\_\_\_\_

**FEES**

<b>Swimming Pool \$25.00</b>	<b>100/200 Amp Service \$25.00</b>
<b>400 Amp Service \$35.00</b>	<b>800 Amp Service \$45.00</b>
<b>Any Service Over 800 Amps \$55.00</b>	<b>Total Number of Services</b>
	<b>Total Fee</b>

PLEASE SUBMIT SITE PLAN DRAWN TO SCALE INCLUDING:

- location of the overhead or under ground power lines
- location relative to the property lines
- location and type of permanent fence (at least 48 inches-fence permit required)
- location and type of pool equipment (filter system diagram)