

The City has adopted the 2012 International Codes

POOL PERMIT APPLICATION

(in ground)

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

buildingofficial@cityfoakgrove.com

FEE CALCULATED

Applied date _____ Permit Number _____

Project Address: _____

Subdivision: _____ Lot: _____ Phase: _____

Development Type: Single family: _____ Duplex: _____ Other: _____ Valuation: _____

Total Square Footage: _____ Lot Size: _____ Zoned: _____

APPLICANT INFORMATION

Your Name: _____ Company Name: _____

Owner: _____ Contractor: _____ Architect: _____ Engineer: _____ Other: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email address: _____

Business License #: _____

- The proposed work must be done in accordance with approved plans and specifications. Separate permits are required for, but not limited to electrical, mechanical and plumbing. Furthermore, it is the duty of the general contractor to assure that all required inspections are scheduled in advance and approved by the City Inspectors.
- Permits are valid for 180 days.
- I hereby 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 conceal the provisions of any other state or local law regulating construction or the performance of construction and that I make this statement under penalty of perjury.

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)

SEE REVERSE SIDE OF PAGE.

"Strong Roots, Bright Future!"

Applicant Name Printed: x _____

Applicants Signature: x _____ **Date:** _____

Building Official Printed: x _____

Building Official Signature: x _____ **Date:** _____

FEES

Valuation	Building
Plan Review	Sewer Tap
Water Tap	Water Deposit
	Total Fee