

Searcy Inspection Department

300 West Arch Avenue Searcy, Arkansas 72143-5202 PHONE 501-279-1085 FAX 501-279-1084

Monthly Report_____ Billed ____

APPLICATION FOR SWIMMING POOL PERMIT

| Date: | | Permit # | | | |
|---|--|--------------------------------------|---|---|--|
| PROJECT ADDRESS: | | | | | |
| WNER PHONE # | | | | | |
| CONTRACTOR: | PHO | PHONE # | | | |
| ADDRESS: | CITY | | STATE | ZIP | |
| EMAIL: | | | | | |
| ELECTRICIAN | MASTER | LIC # | | | |
| PLUMBER | MASTER LIC # | | | | |
| TYPE OF POOL: PRIVATE PUBLIC SIZE OF POOL COST OF PROPOSED SETBACK FROM PROPERTY LINE | OF JOB: | | | | |
| necessary. COMMERCIAL - \$50.00 plus \$2.50 per \$100 if necessary. | 00.00 cost of job. (| Minimum | of \$100.00) | Plus Electrical permit | |
| I HEREBY CERTIFY THAT I HAVE READ AND EXAMINE PROVISIONS OF LAWS AND ORDINANCES GOVERNI HEREIN OR NOT. GRANTING OF A PERMIT DOES NO OF ANY OTHER STATE OR LOCAL LAW REGULATION OF ALL POOLS ARE REQUIRED TO HAVE AT L | NG THIS TYPE OF WO IT PRESUME TO GIVE A CONSTRUCTION OR TH ****Notice**** | RK WILL BE AUTHORITY E PERFORM | COMPLETED W TO VIOLATE OR IANDCE OF CON | /ITH, WHETHER SPECIFIED CANCEL THE PROVISIONS ISTRUCTION. | |
| Signature of Contractor or Authorized Age | ent | Date | | | |
| Searcy Inspection Department | | Date | | | |