- SWIMMING POOL PERMIT APPLICATION

APPLICANT INFORMATION			
PPLICANT/COMPANY:	CONTACT:		•
ADDRESS:	CITY/ST/ZIP:		
PHONE:	EMAIL:		
PLANS BY:	CONTACT:		
ADDRESS:	PHONE:		
PROJECT INFORMATION			The second secon
LOCATION & DETAILS:	SUBDIVISION:		LOT/BLOCK:
PROJECT ADDRESS:			
TYPE OF PROJECT: [CHECK ALL THAT APPLY]	T COURANING BOOK	піноттив	
☐ RES(DENTIAL ☐ COMMERCIAL	☐ SMIWWING boof	and Pro-	
SWIMMING POOL INFO:	WALLTYPE:	ONCRETE 🗀 VINYL	□ GUN TE
TYPE OF POOL: DABOVE GROUND DIN GROUND	, , ,	J. T.	
AREA OF POOL:	PROJECT COST: \$		
RESPONSIBLE PARTY FOR ISSUES OTHER THAN POOL (FENCING, GATE, ETC.), IF O	THER THAN APPLICANT:		
	PHONE:		•.
HOMEOWNER:		, et la constitución de la const	
FENCE CONTRACTOR:	PHONE:		
ELECTRICAL CONTRACTOR:	PHONE:		
PLUMBING CONTRACTOR:	PHONE:		
SUBMITTAL INFORMATION • RESIDENTIAL SWIMMING POOL APPLICATIONS MUST INCLUDE 1 SET OF PLANS DRAY IMPORTANT NOTICE: PERMITS WILL NOT BE ISSUED UNTIL HOMEOWNERS ACKNOWLED FOR MUST INCLUDE 5 SET OF PLANS DRAY COUNTY HEALTH DEPARTMENT REQUIRES A SEPARATE PROCESS AND FEES PRIOR TO APPLICANTS WILL NEED TO CONTACT OKC — COUNTY HEALTH DEPARTMENT DIRECTLY • TO PROCESS YOUR PERMIT APPLICATION IN A TIMELY MANNER, IT IS ESSENTIAL TO • USE THE CHECKLIST BELOW TO VERIFY ALL PLAN REQUIREMENTS AND DOCUMENTS. • ALL DOCUMENTS INDICATED MUST BE SUBMITTED FOR AN APPLICATION TO BE ACC.	NWN TO SCALE AND 1 PDF SET (USB, CO O NEVIEWING AND APPROVING CONSTRUCTI AT (405)427-8651 TO OBTAIN MORE INFO PROVIDE COMPLETE AND ACCURATE INFO ARE INCLUDED WITH YOUR APPLICATION	R EMAILED). ON DOCUMENTS. RMATION. IRMATION.	OT BE PROCESSED.
PLAN & DOCUMENT-INFORMATION			
DIMENSIONED PLOT PLAN • PROJECT ADDRESS • LOCATION AND DIMENSIONS OF POOL AND EQUIPMENT MEASUREMENTS (IN FEET) TO PROPERTY	HOMEOWNER ACKNOWLEDG RESIDENTIAL ONLY PERMITS WILL NOT BE ISSUED U		
PLANIREVIEW CHECKLISTS	PLOTPLAN	H\O VCKNO/MTEDGEWEND	OFED
			. □
RESIDENTIAL SWIMMING POOL		N/A	· 🛚
COMMERCIAL SWIMMING POOL		1	
NOTE: A SAFETY CONSTRUCTION BARRIER MUST BE IN PLACE DURING CO FOOLS CANNOT BE OCCUPED WITHOUT A CERTIFICATE OF OCCUPANCY ISSUED BY THE BUILDING & BY SIGNING THIS FORM, YOU ACKNOWLEDGE THE BUILDING PLANS SUBMITTED COMPLY WITH ALL E	FIRE CODE SERVICES DEPARTMENT.		
APPLICANT SIGNATURE:	DAT	f:	

Project Address	Resider	itial	Commercial
Project Name (If Commercial)			
Temp Service Pole	,, ,		
Residential New Construction			
Number of Amps			÷
Residential Upgrade/Cutover Service			
Number of Amps	to	r	. •
Commercial New/Cutover Construction		**	•
Single Phase – Number of Amps	to		
Three Phase – Number of Amps	, to		
Branch Circuit Wiring Only		ŕ	
New Mobile Home Service			•
Existing Mobile Home Service	•	•	
Swimming Pool		, '	· :
Move Existing Service*	· ·	•	
Miscellaneous Description:			·
•			•

*If you are moving the existing service, cutover/upgrade or needing an additional meter, you must contact the Electric Department prior to pulling your permit. (405-216-7660)

Email request to:

townofcashion@yahoo.com

This form will require payment via credit card. We will call you for payment when this request is approved. If you have any questions, please contact our office at 405-359-4780.