

Community Development BUILDING SAFETY DIVISION

115 E. Washington St., PO BOX 3157 Bloomington, IL 61702-3157 Phone: 309-434-2226 <u>comdev@cityblm.org</u>

## **Pool/Spa Permit Application**

Site Addres	ss:			Office Use Only			
Unit #:					Application Number: Permit Issued:		
Scope of Work:					Permit Number: Permit Ready to Issue:		
					Permit Fee:		
					Application Date:		
COST OF WORK:					Anticipated Start Date:		
Is this part of a larger project? YES NO					Anticipated End Date:		
Applicant (check one)			Name	Address	Email	Phone	
	Owner of Property						
	General Contractor						
	Electrical Contractor						
	Plumbing Contractor						
	Excavator (in ground)						
Required Items to be Submitted by Applicant							
	S		e Plan showing the location of home, pool/spa and other structures Must have Dimensions and be drawn to scale.				
	h	In ground or Above Ground (circle one)					
	S	Size of Pool					
	Ν	Number of Gallons					
Yes N	No	Existing Fence? If no, fence to be installed by? Part of this permit?					
Yes N	No A	Alarm or Pool Cover to be used as a Barrier?					
Yes N	No E	Electrical wires within 15 feet					
Yes N	No L	Located on a Corner Lot					
Yes N		Located in a Mobile Home Park If yes, Park Approval required					

## **Contractor/Applicant Signature:**



- PLEASE ATTACH PLANS / SKETCHES TO THIS APPLICATION.
- NOTE: PERMITS MUST BE OBTAINED BEFORE WORK BEGINS.
- SUBMISSION OF THIS FORM DOES NOT GUARANTEE OR GRANT APPROVAL TO START WORK.
- ACCEPTANCE OF PAYMENT DOES NOT CONSTITUTE A PERMIT.
- APPLICATION VOID IF WORK IS NOT STARTED WITHIN 6-MONTHS AFTER PERMIT ISSUANCE.