

Pool Modification Permit Application

Pool Name * _____

Pool Address * _____ **City** _____

C.P.O. _____ **Phone #** _____

Return Fax # _____ *

Please describe the type of modification that is intended.

1. Please include a copy of a cut sheet for any new equipment being installed
2. Must provide required GPM & size of pipes to be involved
3. Please provide calculations showing total dynamic head pressure loss.
4. Please provide Name address, phone number of Contractor responsible for the work.

Applicant's Name: * _____ Address: _____

Applicants' Signature * _____ Date _____

Environmental Approval By: _____ Date: _____

DO NOT WRITE BELOW THIS AREA - YOUR APPROVAL WILL BE NOTED IN THIS AREA!

OFFICE USE ONLY		
Date Received _____	Date Reviewed _____	Amount Charged _____
Date of initial inspection: _____	Date of completion inspection _____	Inspected by: _____
Date Collected _____	Amount Paid _____	