



# CITY OF ANDERSON

## Swimming Pool and Spa Permit Application

### Department of Municipal Development

120 East Eighth Street • Anderson, Indiana 46018

Office: (765) 648-6055 • Fax: (765) 648-5914 • www.cityofanderson.com

**Thomas J. Broderick, Jr. Mayor**

**♦ Incomplete Applications Will Not Be Processed ♦ Permit Valid for One Year**

**Instructions:** Submit two (2) scaled drawings of pool/spa and site plan showing location of proposed pool/spa.

**1. LOCATION OF CONSTRUCTION ACTIVITY**

**Address:** \_\_\_\_\_

Lot: \_\_\_\_\_ Subdivision: \_\_\_\_\_

**2. PROPERTY OWNER INFORMATION**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**3. INDICATE USE OF POOL/SPA**

**Start Date:** \_\_\_\_\_ **Completion:** \_\_\_\_\_

Residential     Commercial     Located in a Building

Multi-Family     Other \_\_\_\_\_

**4. CONTRACTOR INFORMATION**

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Registered Contractor:  Yes     No    # \_\_\_\_\_

Contact Person: \_\_\_\_\_

Immediate Contact Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

*I certify the information on this form is complete and accurate.*

\_\_\_\_\_ Date: \_\_\_\_\_

Depth \_\_\_\_\_

Total Sq. Ft. \_\_\_\_\_

B. Size of Lot in Sq. Ft. \_\_\_\_\_

C. Area of Rear Yard in Sq. Ft. \_\_\_\_\_

D. Distance from Lot Lines (*Site Plan for Pool Required*)

Right Side \_\_\_\_\_

Left Side \_\_\_\_\_

Rear \_\_\_\_\_

E. Access to Pool Restricted By:

Automatic Pool Cover

Existing 5' Minimum Fence or Wall

Fence, Wall, or Auto Pool Cover to be Installed By: \_\_\_\_\_

F. Will electrical work be required as part of installation?

Yes     No    HVAC work?     Yes     No

G. Building Plans Provided     Yes     No

**6. ADDITIONAL DETAILS**

A. Is there a Structural Building Permit Already Issued?

Yes     No

B. General Contractor Name: \_\_\_\_\_

C. Improvement Location Permit – Applied

Yes     No

D. Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E. **Total Cost of Job:** \_\_\_\_\_

**5. DETAILS OF PLANNED INSTALLATION**

A. Size of Pool or Spa

Length \_\_\_\_\_

Width \_\_\_\_\_

Diameter \_\_\_\_\_

**FOR OFFICE USE ONLY**

Application Approved     Application Denied

Date Approved: \_\_\_\_\_ Initials: \_\_\_\_\_

Special Conditions \_\_\_\_\_

\_\_\_\_\_