Pool Application

<u>Please print all information clearly.</u>
Please submit 4 sets of construction plans and 4 sets of site plans with your application. Show any trees to be removed on the site plans. If no trees to be removed, owner's signature required here: _____. If trees to be removed, tree removal application must be completed and attached to this application.

___ In ground Pool ___ Above ground Pool
Job Address: _____
Distance of pool from house and/or other structures on property:
_____
Name of applicant: _____ Phone:_____
Contact person: ___Applicant ____Property Owner ____Contractor

<u>Property Owner</u>
Name:_____Phone:_____
Address:_____City_____State_____Zip____
Signature of property owner: _____

<u>Contractor</u>
Name:_____Phone:_____
Address:_____City_____State_____Zip
Signature of contractor:_____
Please list all subcontractors who will perform work on this permit.

<u>Electric</u>
Name_____Phone:_____
Address:_____City_____State_____Zip____

<u>Plumbing</u>
Name_____Phone:_____
Address:_____City_____State_____Zip_____

ALL CONTRACTORS MUST BE CURRENTLY REGISTERED WITH THE TOWN OF CROSS ROADS

Permit Amt. $_____Ck#_____ Date Rec'd _____ Receipt #_____

Inspections Needed: _____ Total $ _____

Total Permit Amt including Inspections: $_____

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