Standard Plan #	PINAL COUNTY BUILDING SAFETY POOL PERMIT APPLICATION	Building Permit #

JOB/STREET ADDRESS: _____

ASSESSOR'S PARCEL #: **BOOK** _____**MAP**_____**PARCEL**_____

PROPERTY OWNER (S) _____

ADDRESS _____

CITY/STATE/ZIP_____**PHONE#**_____

BUILDER/CONTRACTOR _____

ADDRESS_____

CITY/STATE/ZIP_____**PHONE** _____

LICENSE/CLASS #_____

ESTIMATED VALUE OF POOL _____

SQUARE FOOTAGE OF SURFACE AREA _____

POOL SETBACKS: FRONT _____ **LEFT** _____ **RIGHT** _____**REAR** _____

POOL HEATER: ◯ **YES** ◯ **NO** **HEATER TYPE:** ◯ **ELEC** ◯ **GAS** ◯ **LPG**

UTILITY COMPANY (check one):
MESA GAS_____**SWG**_____**SRP**_____**APS**_____**ED2**_____**ED3**_____**ED4**_____**BIA** _____**TRICO**_____

SIZE OF GASLINE: _____ **LENGTH OF RUN/BTU'S:** _____

SIZE & TYPE OF PIPE: _____

EXISTING USE: _____

PROPOSED USE: _____

DISTRICT OFFICE WHERE YOU WANT TO PICK UP PERMIT: FL_____ CG _____AJ _____OR _____

CONTACT PERSON (WHO DO WE CONTACT WHEN PERMIT IS READY FOR PICKUP)

NAME _____ PHONE _____

I UNDERSTAND THAT APPROVAL OF THIS APPLICATION DOES NOT GUARANTEE APPROVAL OF THE ACTUAL CONSTRUCTION. I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION AND ALL RELATED SUBMITTALS ARE TRUE AND CORRECT.

_____	_____	_____
PRINT NAME PLEASE	SIGNATURE OF OWNER/ AGENT	DATE

FOR OFFICE USE ONLY

PLAN REVIEW FEE: _____ **PERMIT FEE:** _____ **ECD:**_____