

SWIMMING POOL PERMIT APPLICATION



FOR OFFICE USE ONLY	
PERMIT NUMBER	PERMIT FEE

PROJECT STREET ADDRESS	DATE
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OWNERSHIP	CONTRACTOR
OWNER'S NAME	CONTRACTOR'S NAME
ADDRESS	ADDRESS
CITY/STATE/ZIP	CITY/STATE/ZIP
TELEPHONE CONTACT NUMBERS	TELEPHONE CONTACT NUMBERS
RICO PARCEL #	STATE LIC #

PROJECT DESCRIPTION	ESTIMATED TOTAL COST
_____ _____ _____ _____ <input type="checkbox"/> 1 FAMILY <input type="checkbox"/> 2 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL	\$ _____ Is this a Landmark or historic district? <div style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>

SWIMMING POOL PERMITS ONLY

of gallons: _____ Area: _____ Depth: _____ inches - feet

Dimensions or radius: _____ **IF POOL DEPTH IS 24 INCHES OR MORE,**

Will this pool be in-ground?: Yes No **BARRIERS ARE REQUIRED PER BUILDING**

Will a heater be installed?: Yes No **CODES.**

Will a pump be installed?: Yes No

ALL WORK MUST CONFORM TO THE CODES OF THE CITY OF ROCK ISLAND

I hereby certify that I have the authority to make the foregoing application, that the information given is correct, and that all construction will comply with the International Codes and applicable ordinances of the City of Rock Island.

Signature of Owner/Contractor: _____

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ZONING APPROVAL: _____ DATE _____

CITY ENGINEER: _____ DATE _____

BUILDING OFFICIAL: _____ DATE _____

Inspection Division • 1528 Third Avenue • Rock Island, Illinois • 61201-8678 • Phone: (309) 732-2910 • Fax: (309) 732-2930