

SWIMMING POOL PERMIT APPLICATION CITY OF HAMMOND

PERMIT # _____

FILING DATE: __/__/__

APPLICANT NAME: _____
First Name MI Last Name

COMPANY NAME: _____ Owner Contractor Other

Applicant Mailing Address: _____
Street Address or PO Box City State Zip

Applicant Telephone: (____) _____ Applicant Fax: (____) _____

PARCEL# _____ **(PLEASE VERIFY PARCEL ADDRESS & # W/GIS DEPT.)**

SITE LOCATION: _____
Street Address Number & Street Name

Where did you get this address? Post Office City Building Dept. 911 Office Other _____
Please specify.

PROPERTY OWNER NAME: _____
(If different than Applicant Name above.) First Name MI Last Name

COMPANY NAME: _____

Owner Address: _____
Street Name/Street Number City State Zip

Telephone: (____) _____ Fax: (____) _____

FLOOD ZONE:
 Zoning Requiring Elevation Certificate: A AE AH AO A1-A30 A99 B
 Zoning Not Requiring Elevation Certificate: C X

FLOODWAY: YES NO If subdivision, what is the LOT # _____.

ZONING: AL B1 B2 C1 C2 C3 C4 C4A H I L R4 R5 R5S R8 R11 RA RP RS S

CONTRACTOR NAME: _____
First Name MI Last Name

COMPANY NAME: _____ **CONTRACTOR TYPE:** _____

LOCAL LICENSE # _____ Exp.Date __/__/__ STATE # _____ Exp.Date __/__/__

Address: _____
Street Name or PO Box City State Zip

Telephone: (____) _____ Fax: (____) _____

PERMIT INFORMATION-Description

Residential Commercial Other _____

In Ground Pool Above Ground Pool

Pool Size: _____ Ft. Length _____ Ft. Width _____ Ft. Depth

CONSTRUCTION VALUE: \$ _____

SEE REVERSE FOR ADDITONAL INFORMATION →→→→

