

**SWIMMING POOL PERMIT APPLICATION
CITY OF HAMMOND**

PERMIT # _____

FILING DATE: ___/___/___

APPLICANT NAME:

First Name	MI	Last Name
COMPANY NAME: _____		Owner Contractor Other
Email: _____		
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? <input type="checkbox"/> Post Office	<input type="checkbox"/> City Building Dept.
<input type="checkbox"/> 911 Office	<input type="checkbox"/> Other _____ <small>Please specify.</small>
PROPERTY OWNER NAME:	
<small>(If different than Applicant Name above.)</small>	
First Name	MI Last Name
COMPANY NAME: _____	
Owner Address: _____	
Street Name/Street Number	City State Zip
Telephone: (____) _____	Fax: (____) _____
Email: _____	
FLOOD ZONE:	
Zoning <u>Requiring</u> Elevation Certificate:	A AE AH AO A1-A30 A99 B
Zoning <u>Not Requiring</u> 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: (____) _____	
Email: _____		

PERMIT INFORMATION-Description

Residential	Commercial	Other _____
In Ground Pool	Above Ground Pool	
Pool Size: _____ Ft. Length	_____ Ft. Width	_____ Ft. Depth
CONSTRUCTION VALUE: \$ _____		

ATTENTION: APPLICANT

Please read the following and sign to complete this application. Separate permits are required for Electrical, Plumbing, Heating, Ventilating, or Air Conditioning. This permit becomes null and void if work or construction authorized is not commenced within six (6) months OR if construction or work is suspended or abandoned for a period of six (6) months at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of permit does not presume to give all authority to violate or cancel the provision or any other state or local law regulating construction or performance of construction.

X _____
Signature of Owner (if Owner Builder) OR Contractor OR Agent

Date

APPROVAL:

Building Official, City of Hammond
or Building Inspector

Date

*****FOR OFFICIAL USE ONLY—APPLICANT DO NOT WRITE BELOW THIS LINE*****

SWIMMING POOL PERMIT FEE	\$ _____		
FEES PAID <input type="checkbox"/>	PAID CASH <input type="checkbox"/>	PAID CHECK # _____	DATE PAID ___/___/___