



Swimming Pool Permit

City of Centerton
 Department of Building Safety
 P.O. Box 208, Centerton, AR 72719
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 Email: cmatherly@centertonar.us
 rcoffelt@centertonar.us

Project Information

Address _____ Subdivision _____
 Lot Number _____ Today's Date _____

Builders Submittal Checklist	Swimming Pool Contractor Information
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REQUIRED INFORMATION
 Permit Application
 Site Plan/ Plot Plan
 Septic Shown on Site Plan
 Contractors License / General Liability and Workman's Comp

Business Name _____
 Owners Name _____
 Address _____

Home Owner Information

Name _____
 Address _____
 City _____, _____
 Phone () _____ - _____

City _____, _____
 Phone () _____ - _____
 Cell () _____ - _____
 License # _____ Exp. _____
 Email _____

Setback Information

Subdivision Setbacks F _____ R _____ S _____
 Actual Setbacks F _____ R _____ S _____

Sub-Contractors

Electrician _____
 HVAC _____
 Plumber _____

Building Information

Swimming Pool: Residential _____ Commercial _____
Dimensions: Width _____ Length _____ Depth _____
Utilities: Electric _____ Plumbing _____

***** ALL POOLS REQUIRE A PERMANENT FENCE BEFORE WATER CAN BE ADDED TO POOL. *****

*If Pool is filled with water before permanent fence is up, the contractor will be responsible for pumping out water at the contractors expense. **Inspections required - Pool Bonding, Deck Bonding and Final Inspection.***

Project Cost Amount \$ _____

**Is property in a Flood Plain _____? If yes please see Planning Director for Flood Certification.
Do not permit or proceed without flood documentation**

I hereby certify that I have read and examined the 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 here in or not. The granting of a permit does not presume to give authority to, violate or cancel the provisions of any other State or local law regulating construction or the performance of construction. NEC 2014 and Centerton Municipal Code

Contractor Signature _____ Print Name _____ Date _____

Department of Building Safety _____ Date _____