

**SWIMMING POOL**

**(PLAN REVIEW REQUIRED)**

CONTRACTOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

GPIN OR TAX ID NUMBER: (FOUND ON TAX/APPRaisal RECORDS): \_\_\_\_\_

TYPE JOB: \_\_\_\_\_ RESIDENTIAL: \_\_\_\_\_ COMMERCIAL: \_\_\_\_\_

DIRECTIONS TO JOB OFF U.S. HIGHWAY:

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SIZE OF POOL: \_\_\_\_\_

COST OF JOB (ESTIMATED): \_\_\_\_\_

NAME OF ELECTRICIAN: \_\_\_\_\_

NAME OF APPLICANT IF DIFFERENT FROM OWNER: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CHECK IN MAIL: \_\_\_\_\_ PICK UP & PAY: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_