



APPLICATION FOR A POOL
(HYDRO MASSAGE TUBS, SPAS, AND SWIMMING POOLS)
ACCESSORY BUILDING PERMIT
City of Fredericktown
124 West Main Street
Fredericktown, MO 63645

PERMIT NO. _____

ADDRESS/LOCATION _____ ZONING _____

SUBDIVISION _____ LOT _____ BLOCK _____

APPLICANT NAME _____ PHONE _____

ADDRESS _____

OWNER(S) _____ PHONE _____

ADDRESS _____

CONTRACTOR / INSTALLER _____ PHONE _____

ADDRESS _____ CITY LICENSE NO. _____

DESIGN PROFESSIONAL _____ PHONE _____

ADDRESS _____

PROJECT DESCRIPTION _____

DIMENSIONS	IN CONJUNCTION WITH	CONST. VALUE \$ _____
____ DIAMETER	____ COMMERCIAL	
____ HEIGHT	____ RESIDENTIAL	
____ LENGTH		
____ WIDTH		

ATTACH A PLOT PLAN SHOWING THE LOCATION AND DIMENSIONS OF ALL PROPERTY LINES, SETBACKS, UTILITIES, RIGHT-OF-WAYS, EASEMENTS, EXISTING STRUCTURES, PROPOSED STRUCTURES, AND ANY OTHER PERTINENT INFORMATION DEEMED NECESSARY BY THE CODE OFFICIAL.

SIGNATURE _____ DATE _____

APPROVED _____ DATE _____