



Swimming Pool/Hot Tub Permit Application

Jefferson County Code Enforcement
PO BOX 100 / 725 Maple Street
Hillsboro, MO 63050
Phone: 636-797-5310
Fax: 636-797-5077

Master Plan _____

Permit: _____

Int.

Date: _____

PROJECT INFORMATION & LOCATION:

Project Type: Residential Multi-family Commercial **Cost of Construction \$** _____

Project Address _____ City _____ Zip code _____

Parcel # _____ Subd. _____ Lot _____

OWNER INFORMATION:

Owner _____ Name _____ Phone # _____

Owner Address _____ Street Address _____ City _____ State _____ Zip Code _____

Tenant or Business Name _____ Existing New

CHECK ALL THAT APPLY TO THE PROJECT:

In-Ground Pool Size _____ X _____ Fiberglass Panels Concrete

Existing Electric to Pool or Filter Electric required Heater

Above Ground Pool Diameter _____ Wall Height _____ Manufacturer _____

Existing Electric to Pool or Filter Electric required

Hot Tub Size _____ X _____ Wall Height _____ Manufacturer _____ Model _____

Safety cover that complies with ASTM F1646 Existing Electric to Hot Tub Electric required

BARRIERS:

Fence Type _____ Height _____ Locked Gate Inside pool area Outside pool area

Door alarm Barrier around steps/ladder _____

Deck Size _____ X _____

IS THE PROPERTY LOCATED IN ANY AREA OF SPECIAL FLOOD HAZARD? YES _____ NO _____

NOTICE: The disposal of demolition waste is regulated by the Department of Natural Resources under Chapter 260, RSMo. Such waste, in types and quantities established by the department, shall be taken to a demolition landfill or a sanitary landfill for disposal.

I understand if the information I have given above is not true, my permit may be revoked by the Jefferson County Code Enforcement, and I agree to abide by, and comply with, the conditions of all Building regulations and the Sewage Ordinance.

A FINAL INSPECTION MUST BE COMPLETED ON EVERY PERMIT. FAILURE TO COMPLY WILL RESULT IN THE DISCONNECT OF ALL APPLICABLE UTILITIES, STOPPAGE OF WORK AND POSSIBLE LEGAL ACTION!

A permit will NOT be issued until signed by all applicable Electrical, Mechanical, Plumbing & Sewer Contractor. I hereby certify that the owner(s) of record authorizes the proposed work and I have been authorized by the owner(s) to make this application as their agent. Inspections must be requested 24 hours in advance.

	Business Name	Phone #	Jeffco Lic #	Date	Signature
General Contractor					
Mechanical					
Electrician					
Plumbing					