



# 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  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.**

*Contractor Signature Form is required before a permit will be issued. Home owner / General Contractor and Licensed Electrical, Mechanical, Plumbing & Sewer Contractors. 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.*

Email Address \_\_\_\_\_

Applicant \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_