



Polk County Public Works

5885 NE 14th Street
Des Moines, IA 50313
Phone: 515-286-3705
FAX: 515-286-3437

Email: publicworks@polkcountyiowa.gov

Permit # _____

Swimming Pool Permit Application and Checklist

Please Allow 5 – 7 Business Days for Permit Review and Approval

JOB SITE ADDRESS:			
OWNER:		PHONE:	
ADDRESS:	CITY:	STATE:	ZIP:
EMAIL:			
CONTRACTOR:		PHONE:	
COMPANY:		ADDRESS:	
CITY	State:	Zip:	
EMAIL:			

Size of proposed pool (dimensions): _____ x _____ Total square feet: _____

Check one: **Above Ground** If **Above Ground**, provide height of sidewall from grade: _____
In Ground If **In Ground**, provide valuation: \$ _____

Are you building a wood deck around the pool? Yes No **(If yes, a separate Deck Permit application is required)**

Additional information (If any): _____

A barrier fence of 4' height minimum with self-latching gate or cover meeting ASTM F-1346 is required.

Please check which you will be installing: Barrier Fence w/Self-Latching Gate Cover Meeting ASTM F-1346 Requirements

Checklist of items to be filled out or completed prior to submitting the application packet:

- Pool permit application and checklist
- Detailed site plan drawing, showing fence location
- Proposed pool layout staked

Stipulations:

- No construction shall start until the permit is issued.
- All work must be permitted prior to inspections.
- Unresolved zoning, subdivision, floodplain and/or health items may delay the issuance of any permit. No structure should be used or occupied until the Certificate of Occupancy/Use is issued.
- An Electrical Permit must be applied for separately by a State licensed contractor.

Contractor/Owner/Applicant Statement:

Work must commence within 180 days from permit issuance date and be completed and inspected within one year from the permit issuance date, or the building permit will be null and void. I understand all work must be inspected and approved by Polk County prior to concealing any installation and that I must call for a final inspection. I further understand that a Certificate of Compliance or Certificate of Occupancy/Use is required in accordance with applicable codes and ordinances.

I have included all of the above checked items and I understand that all the items listed above must be reviewed and fees paid before a permit will be issued. I further understand that construction work cannot begin until the building permit has been issued. All information supplied by me is true and correct and to the best of my knowledge and belief.

I affirm I am the owner or licensed contractor of this property. I hereby acknowledge that I have read this permit and state that the information is correct and agree to comply with all ordinances and state and federal laws regulating activities covered by this permit.

Print Name

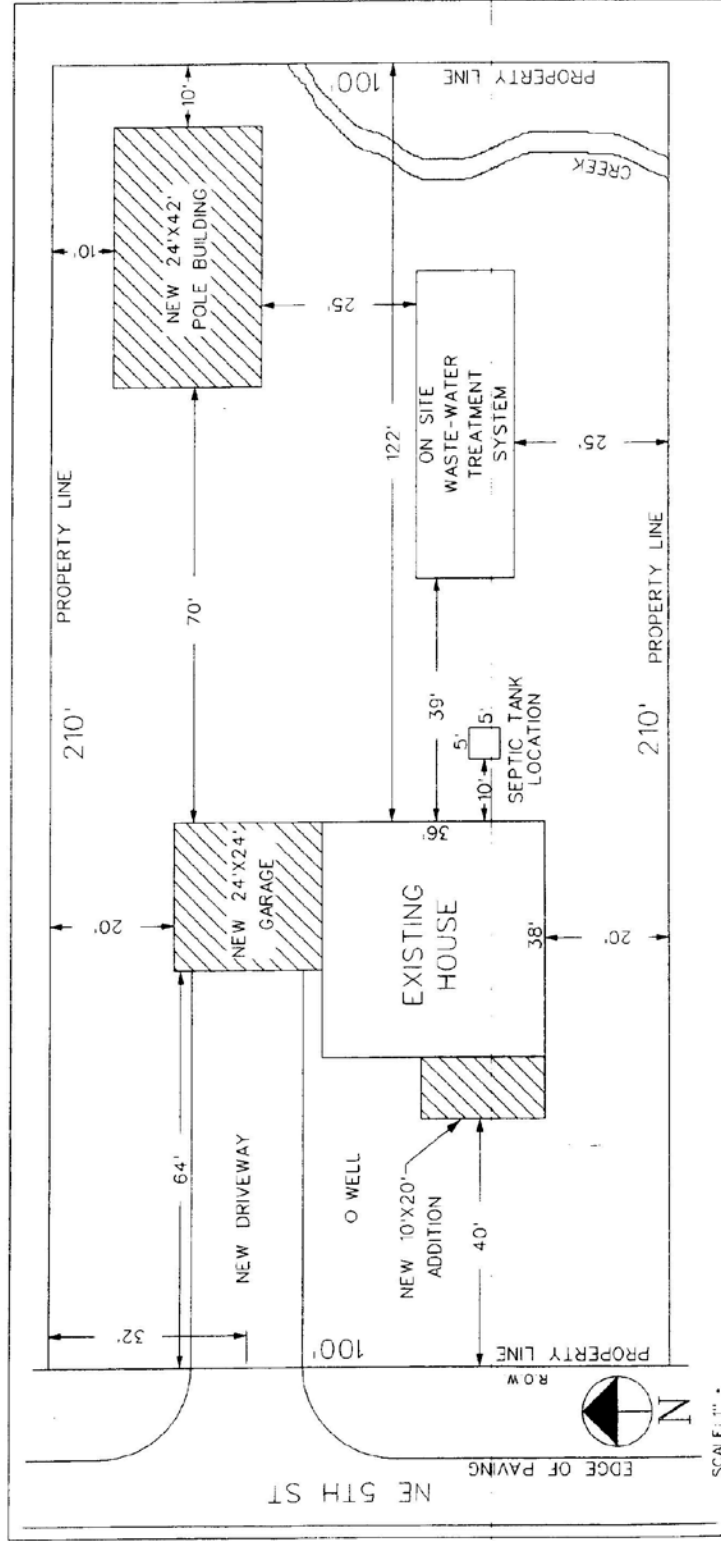
Signature

Date

RESIDENTIAL SITE PLAN INSTRUCTIONS

Required Information:

1. Specify Site Address and Owner's Name.
2. Specify Name and Phone Number of person furnishing Site Plan information.
3. All streets must be identified.
4. Indicate Lot Dimensions.
5. All structures, existing and proposed, must be shown on the Site Plan. Dimensions of and distances to all lot lines from existing/proposed buildings must be indicated as well as distances between all proposed and existing structures.
6. Indicate location of and distance to property entrance(s), existing and/or proposed. Dimensions from corner of property to center of drive should be indicated.
7. Indicate location of and distance to existing and proposed septic tank(s) and/or on site waste-water treatment system(s), if possible.
8. Indicate location of ponds, streams, drainage ways, and/or ravines. All physical features must be shown.
9. Identify North Directional Arrow and indicate scale of site plan.



ADDRESS: 101 NEW HOUSE LANE OWNER: JOE BUILDER APPLICANT: JOE BUILDER PHONE: (515) 286-XXXX

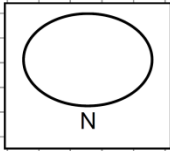
Polk County Public Works – Detailed Site Plan Drawing

SITE ADDRESS: _____

OWNER'S NAME: _____

APPLICANT'S NAME: _____

APPLICANT'S PHONE: _____



INSTRUCTIONS TO APPLICANT

Specify Site Address and Owner's Name.

Specify Name and Phone Number of person furnishing Site Plan information.

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Indicate lot dimensions.

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Indicate location of and distance to property entrance(s), existing and/or proposed. Dimensions from corner of property to center of drive should be indicated.

Indicate location of and distance to existing and proposed septic tank(s) and/or on site waste-water treatment system(s) and if applicable geothermal heat pumps.

Indicate location of ponds, streams, drainage ways, and/or ravines. All physical features must be shown.

Identify North Directional Arrow and indicate scale of Site Plan.

I, WE CERTIFY THAT THE PROPOSED CONSTRUCTION WILL CONFORM TO THE DIMENSIONS AND USES SHOWN ABOVE AND THAT NO CHANGES WILL BE MADE WITHOUT FIRST OBTAINING APPROVAL.

APPLICANT'S SIGNATURE

DATE

