

Polk County Public Works 5885 NE 14th Street

Des Moines, IA 50313

publicworks@polkcountyiowa.gov

515-286-3705

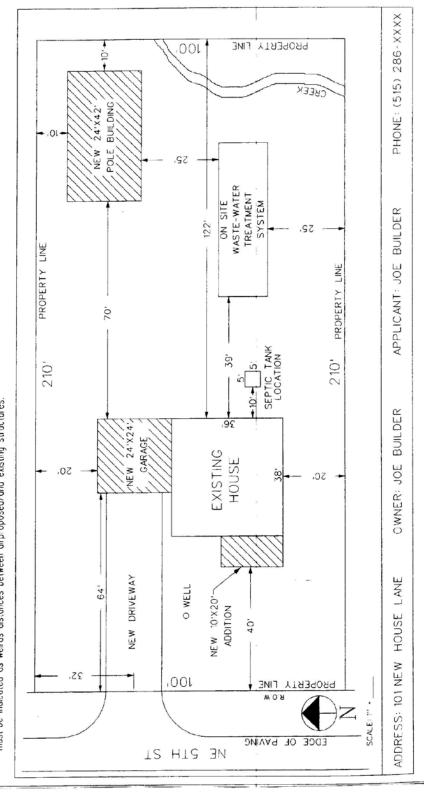
Swimming Pool Permit Application and Checklist

JOB SITE ADDRESS:		-	
OWNER:		PHONE:	
ADDRESS:	CITY:	STATE:	ZIP:
EMAIL:			
CONTRACTOR:			
COMPANY:			
ADDRESS:	CITY:	STATE:	ZIP:
EMAIL:			
In ground or above ground?			
Above ground, permit fee: \$75.00			
In ground, please provide valuation:			
Size of proposed pool (dimensions):X	total square feet:		
Are you building a deck around the pool? YES/NO			
*If yes, a separate deck building permit application is	required.		
Size of proposed deck (dimensions):X	total square feet:		
Additional information (if any):			
** A barrier fence of 4' height minimum with self-la	tching gate or cover mee	ting ASTMF-1346 is required.	
Checklist of items to be filled out or completed prior	r to submitting application	on packet:	
Pool permit application and checklist	0 . pp	,	
Detailed site plan drawing			
Proposed pool layout staked			
-No construction shall start until the permi	it is issued.		
-All work must be permitted prior to inspe	ctions.		
 -Unresolved Zoning, Subdivision, Floodplai occupied until the certificate of occupancy 		y the issuance of any permit. N	o structure should be used or
-An electrical permit must be applied for se		sed contractor.	
Contractor/Owner/Applicant Statement: Work must commence within 180 days from permit i issuance date, or the building permit will be null and concealing any installation and that I must call for a f accordance with applicable codes and ordinances.	void. I understand all wo	k must be inspected and approv	ved by Polk County prior to
I have included all of the above checked items and I upermit will be issued. I further understand that const supplied by me is true and correct, and to the best of	ruction work cannot begi	n until the building permit has b	
I affirm I am the owner or licensed contractor of this information is correct, and agree to comply with all o	ordinances and state and		
*Please allow 5-7 business days for permit review and	d approval		
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.
- 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.



Polk County Public Works – Detailed Site Plan Drawing

SITE ADDRESS:	+
OWNER'S NAME:	
APPLICANT'S NAME:	+
APPLICANT'S PHONE:	\perp
INSTRUCTIONS TO APPLICANT	\perp
	\Box
Specify Site Address and Owner's Name.	+
Specify Name and Phone Number of person furnishing Site Plan information.	
all streets must be identified.	\perp
Indicate lot dimensions.	\Rightarrow
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.	
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	+
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	+