



**Chatham County Department of Building  
Safety & Regulatory Services**  
P.O. Box 8161, Savannah, GA 31412-8161  
912-201-4300 - Fax 912-201-4301



**Gregori S. Anderson, CBO  
Director**

**Clifford Bascombe, CBO, CFM  
Assistant Director**

## POOL PERMIT APPLICATION

*The following information must be submitted with the permit application:*

- A. A completed Fence application with two copies of fence detail.
- B. Two copies of a plot plan. Show what is existing on the lot (building, easement, septic system, etc.), property lines, and where the pool will be located.
- C. Two copies of pool drawings/specifications including equipment.

P.I.N.: 1 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ *PIN can be obtained from the Tax Assessors Office (912) 652-7271.*

Project Address: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Phase: \_\_\_\_\_ Lot: \_\_\_\_\_

**Owner:**

Name: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Person applying for permit:**

Name: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

**Contractor:**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Local Business License # \_\_\_\_\_ Jurisdiction \_\_\_\_\_

**Pool Description:**

- Commercial                       Residential
- In-Ground                               Above-Ground

Diameter: \_\_\_\_\_ Height: \_\_\_\_\_

\_\_\_\_\_ Fiberglass      \_\_\_\_\_ Metal Panels with Liner      \_\_\_\_\_ Concrete      \_\_\_\_\_ Other

Deck size: \_\_\_\_\_ x \_\_\_\_\_

Diving board: \_\_\_\_\_ Yes      \_\_\_\_\_ No



**CHATHAM COUNTY POOL SUBCONTRACTOR LIST**

Job Location \_\_\_\_\_

Owner's Name \_\_\_\_\_

Pool Contractor \_\_\_\_\_

Permit # \_\_\_\_\_

**PLUMBING** Date \_\_\_\_\_

I hereby certify that I will perform the plumbing work for the project described above and I further certify that I have a valid State and Local Business Tax Certification (license).

License # \_\_\_\_\_ Jurisdiction \_\_\_\_\_

Company Name \_\_\_\_\_

Signature \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**ELECTRICAL** Date \_\_\_\_\_

I hereby certify that I will perform the electrical work for the project described above and I further certify that I have a valid State and Local Business Tax Certification (license)

License # \_\_\_\_\_ Jurisdiction \_\_\_\_\_

Company Name \_\_\_\_\_

Signature \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**POOL** Date \_\_\_\_\_

I hereby certify that I will perform the pool work for the project described above and I further certify that I have a valid States and Local Business Tax certificate (license).

License # \_\_\_\_\_ Jurisdiction \_\_\_\_\_

Company Name \_\_\_\_\_

Signature \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### SAMPLE PLOT PLAN AND DETAILS

