

Site Address: _____

Legal Description: Lot _____ Block _____ Subdivision _____
or PID # _____

Owner Name: _____ Contractor: _____
Address: _____ Address: _____
City/State: _____ Zip: _____ City/State: _____ Zip: _____
Phone: _____ State License No. _____
Email: _____ Email: _____

Designer/Evaluator: _____
Address: _____
City/State: _____ Zip: _____ Phone: _____
Email: _____

Description of Work: _____

Valuation (including labor): _____ Estimated Completion Date: _____

Class of Work (check only one):

- New Alteration/Remodel
 Addition Maintenance/Repair/Replace

Type of Pool/Spa (check one):

- Above Ground In Ground
 Wading Other _____

Gallons: _____

Fencing provision provided by: Owner Pool Contractor Other Contractor

I hereby apply for a Pool Permit and I acknowledge that the information above is complete and accurate: that the work will be in conformance with the ordinances and codes of the City of Rosemount and with the Minnesota Building Codes; that I understand that this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans.

Signature of Applicant or Authorized Agent

Date

NOTICE: This is an application only. Permit will be issued after City approval and payment of fees.

***** FOR OFFICE USE ONLY *****

Engineering Approval _____
Date

Special Conditions _____

Planning Approval _____
Date

Fire Marshal Approval _____
Date

Building Approval _____
Date
