



SWIMMING POOL PERMIT APPLICATION

Please Note: An incomplete permit can delay issuance

PO Box 395, 715 W. Mt. Vernon
Nixa MO 65714
417-725-5850 Fax 417-724-5750

Application Date _____

Permit # _____

PROPERTY INFORMATION

Property Address _____ Zoning _____

Subdivision _____ Phase _____ Lot # _____

OWNER INFORMATION

Name _____

Mailing Address/City/State/Zip: _____

Phone: _____

CONTRACTOR INFORMATION

Name _____ Company Name: _____

Mailing Address/City/State/Zip: _____

Phone: _____

Type:

_____ Above Ground (\$80)

_____ Inground (\$160.00)

Please Note: BEFORE you fill your pool with water, it has to pass a final inspection AND have a 4 foot barrier in place!

I hereby certify that the answers and other information on this application are true and correct and I have read and understand the above procedures and requirements as they pertain to city building regulations and by signing this form, acknowledge compliance with these rules.

Printed Name: _____

Signature of Applicant : _____

Date: _____

Please use this space for drawing a site plan indicating where you are placing your improvement.

For Office Use Only

Approved by:

Building Inspector _____ Date: _____
Notes:

City Planner: _____ Date: _____
Notes:

Fees:

Total Fees Due: \$ _____ **Fees Figured by:** _____