

Permit # _____

RED SPRINGS INSPECTION DEPARTMENT

PO Box 790, Red Springs, NC 28377

POOL, SPA OR HOT TUB PERMIT

OWNER'S NAME _____ PHONE # _____

MAILING ADDRESS _____

STREET

CITY

STATE

IS BUILDING TO BE: OWNER OCCUPIED _____, LEASED _____, RENTED _____, OR SOLD _____

CONTRACTOR'S NAME: _____ PHONE # _____

MAILING ADDRESS _____

STREET

CITY

STATE

NC LICENSES _____ JOB NAME OR NUMBER _____

PROPOSED LOCATION: _____

E-911 ADDRESS

TAX PARCEL ID # _____

IS SITE LOCATED IN A FLOOD HAZARD AREA? YES _____ NO _____ IF SO, WHAT ZONE? _____

TYPE OF STRUCTURE: () RESIDENTIAL () PUBLIC

() ABOVE GROUND () BELOW GROUND () POOL () SPA () HOT TUB

SIZE _____ X _____ TOTAL SQ. FT. _____ PROPOSED COST _____

I agree that the proposed construction will meet or exceed the requirements of the North Carolina Building Code. Specifically, the barrier and anti-entrapment protection requirements. In addition to the requirements, a temporary barrier meeting the requirements shall be maintained throughout the work process once excavation for the pool has begun and or water is installed.

APPLICANT MUST SIGN

Request for inspections can be made by contacting the Red Springs Inspections Department between 8:00am & 5:00pm Monday thru Friday. The phone number is (910)843-5241 ext. 226

I hereby certify that all information in the application is correct and all work will comply with the NC State Building Code and all other applicable State and local laws, ordinances and regulations. I will notify the Red Springs Inspection Department in the event there are any changes in the approved plans of this project.

Permit Cost \$75.00 plus \$5.00 Technology Fee

Total Cost \$80.00

Owner/Contractor Signature

Date of Application