



## SWIMMING POOL PERMIT WORKSHEET

Please Type or Print Legibly in Ink

Application No. \_\_\_\_\_

PROJECT ADDRESS, CITY AND ZIP	UNIT (SUITE NO.)
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DESCRIPTION OF CONSTRUCTION:

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<b>Cost of Construction:</b> <i>(Includes all materials and labor costs. This may be revised by the Building Official.)</i> \$ _____	<b>Revised Valuation:</b> \$ _____	<input type="checkbox"/> <b>CHECK THIS BOX IF WORK HAS ALREADY STARTED . Double the permit fee will be charged for legalization.</b>
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**DRAW OR ATTACH PLOT PLAN ON REVERSE SIDE OF THIS APPLICATION**

<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Pool	<input type="checkbox"/> Dwelling/Duplex	<input type="checkbox"/> Commercial (Demo Only)
<input type="checkbox"/> New	<input type="checkbox"/> Demo	<input type="checkbox"/> Spa	<input type="checkbox"/> Apt/Condo (Demo Only)	

**Note: For construction of public and semi-public pools & spas contact Los Angeles County Health Department.**

Pool size \_\_\_\_\_ X \_\_\_\_\_ ft.      Est. Capacity \_\_\_\_\_ Gallons      Pool Heater Type \_\_\_\_\_

Type Filter:  Cartridge  
 D.E. Filter (Separation Tank Required).      Backwash?  Y  N      Gas System  Y  N

### NO CONNECTION TO PUBLIC SEWER ALLOWED

Check one for the primary contact	<input type="checkbox"/>	APPLICANT'S NAME	MAILING ADDRESS	BUS. PHONE NO.
		E-MAIL ADDRESS:		
	<input type="checkbox"/>	PROPERTY OWNER'S NAME	MAILING ADDRESS	PHONE NO.
		E-MAIL ADDRESS:		
	<input type="checkbox"/>	LICENSED DESIGN PROFESSIONAL (ARCHITECT OR ENGINEER IN CHARGE OF THE PROJECT) INFORMATION:		LICENSE NO.
		NAME:		
		MAILING ADDRESS:		PHONE NO.
		E-MAIL ADDRESS:		
	<input type="checkbox"/>	GEOLOGIST		LICENSE NO.
		NAME:		
		MAILING ADDRESS:		PHONE NO.
		E-MAIL ADDRESS:		

**CALIFORNIA LICENSED CONTRACTOR'S DECLARATION:** I herby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

CONTRACTOR'S NAME	MAILING ADDRESS	PHONE NO.
<b>COMPANY NAME</b>		
MAILING ADDRESS:		
CONTRACTOR'S E-MAIL ADDRESS		
LICENSE CLASS AND NUMBER	CONTRACTOR SIGNATURE	

#### STAFF USE ONLY BELOW THIS LINE

APN	Lot	Tract	High Fire Hazard Zone <input type="checkbox"/> Y <input type="checkbox"/> N	NAICS/Structure Use	The Edition of the Code
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Hillside Lot  Yes  No

Engineering - Easements: Distance from the face of the curb to Property Line \_\_\_\_\_ ft.

<b>OK TO SUBMIT/EXPRESS BY:</b>	SIGNATURE	DATE	ACCEPTED BY:	DATE	RECEIPT NO.	P.C			
Check only if applicable	<input type="checkbox"/> ENGINEERING	SIGNATURE	DATE	Check only if applicable	<input type="checkbox"/> G.W.P. WATER	DATE	Y	N	
	<input type="checkbox"/> ZONING	SIGNATURE	DATE			SIGNATURE	DATE	Y	N
	<input type="checkbox"/> DESIGN REVIEW	SIGNATURE	DATE			SIGNATURE	DATE	Y	N
	<input type="checkbox"/> BLDG. PLAN CHECK	SIGNATURE	DATE			SIGNATURE	DATE	Archive (Pages)	
<b>OK TO ISSUE PERMIT BY:</b>	SIGNATURE	DATE	ACCEPTED BY:	DATE	RECEIPT NO.	PERMIT	Y	N	

THE CITY OF GLENDALE RESTRICTS ISSUANCE OF THE BUILDING PERMIT TO THE PROPERTY OWNER OR LICENSED CONTRACTOR ONLY. SIGNATURES OF THIS INDIVIDUAL MUST BE VERIFIED BY PERSONAL IDENTIFICATION. ANY PERSON SIGNING THE APPLICATION AS AGENT FOR THE CONTRACTOR SHALL HAVE AN ORIGINAL LETTER OF AUTHORIZATION AT THE TIME OF PERMIT ISSUANCE. APPLICATION SHALL EXPIRE ONE YEAR AFTER THE DATE OF SUBMITTAL AND THEREAFTER. ANY DOCUMENTS SUBMITTED TO THE DEPARTMENT SHALL BE RETURNED TO THE APPLICANT OR DESTROYED BY THE BUILDING OFFICIAL AND THE PLAN CHECK FEE FORFEITED TO THE CITY OF GLENDALE. UPON WRITTEN REQUEST FROM THE APPLICANT THE BUILDING OFFICIAL MAY EXTEND THE PERIOD OF PERMIT APPLICATION IF RECEIVED PRIOR TO EXPIRATION DATE.

