

# POOL PERMIT APPLICATION

## CITY OF WATKINSVILLE INSPECTION DEPARTMENT TO BE FILLED OUT BY APPLICANT

MAILING ADDRESS	STREET ADDRESS
P.O. BOX 27	191 VFW DRIVE
WATKINSVILLE, GA 30677	WATKINSVILLE, GA 30677
PH: 706-769-5161	

PERMIT NUMBER: POOL-\_\_\_\_\_ RIGHT SET BACK\_\_\_\_\_ LEFT SET BACK\_\_\_\_\_ REAR SET BACK \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

PRESENT PERMIT FOR STRUCTURE \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

EXISTING BUILDING? Y\_\_\_\_\_ N \_\_\_\_\_ PRESENT USE: \_\_\_\_\_

OWNER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

ESTIMATED COST: \$\_\_\_\_\_ COMMERCIAL USE \_\_\_\_\_ SINGLE FAMILY \_\_\_\_\_ DUPLEX \_\_\_\_\_  
 NUMBER OF UNITS \_\_\_\_\_ MULTI-FAMILY \_\_\_\_\_ ADDITIONS \_\_\_\_\_ ART \_\_\_\_\_ CONDO \_\_\_\_\_

THIS PERMIT BECOMES NULL & VOID IF AUTHORIZED WORK OR CONSTRUCTION IS NOT STARTED  
 WITHIN 6 MONTHS OF ISSUANCE OR IF WORK IS SUSPENDED OR ABANDONED IN EXCESS OF 12  
 MONTHS AT ANY TIME AFTER WORK IS STARTED.

SERVICE INFORMATION: Above Ground: \_\_\_\_\_ Under Ground \_\_\_\_\_ Back Flow Device \_\_\_\_\_

TYPE OF SERVICE: 0-200 AMP \_\_\_\_/\_\_\_\_ Gauge of Wire: \_\_\_\_\_

SIZE OF POOL: MAX LENGTH/WIDTH \_\_\_\_/\_\_\_\_ MAX DEPTH: \_\_\_\_\_

HEATED: YES NO

CONTRACTOR: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUSINESS LICENSE NO.: \_\_\_\_\_ STATE CERTIFICATION NO.: \_\_\_\_\_

CONTRACTOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND THE PROPOSED WORK MEETS ALL CODES AND ORDINANCES OF THE CITY OF WATKINSVILLE, WATKINSVILLE, GEORGIA. ***I UNDERSTAND THAT THE SWIMMING POOL CODE AND WATKINSVILLE ORDINANCES REQUIRE A 4' FENCE AROUND THE POOL AND MUST BE INSTALLED PRIOR TO THE POOL BEING FILLED WITH WATER.***

\_\_\_\_\_  
 SIGNATURE OF CONTRACTOR DATE

ELECTRICAL PERMIT MUST BE PULLED AND SITE PLAN MUST ACCOMPANY PERMIT WITH DECKS, LOCATION OF POOL, BUILDINGS ON PROPERTY AND LOCATION OF 4' FENCE.

**BASE PERMIT FEE - PUBLIC \$200 RESIDENTIAL \$ 50.00 - CHECK# \_\_\_\_\_ CASH \_\_\_\_\_**

APPLICATION DATE: \_\_\_\_\_ PERMIT NO.: \_\_\_\_\_ FEE: \_\_\_\_\_

APPLICATION APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ DATE: \_\_\_\_\_

**AFFIDAVIT OF LICENSE OR PERMIT APPLICATION OR BENEFIT APPLICATION**

As an applicant for any City: 1) License, 2) Permit or 3) benefits (including new employment by the City which provides employee benefits, and including labor and construction and other independent contractor contracts with the City which provides benefits to the contractor), in compliance with Georgia Code Section 50-36-1, the Georgia Security and Immigration Compliance Act, and per the Federal “Systematic Alien Verification for Entitlements (SAVE)” Program, I sign this affidavit under oath, certifying I am not an unauthorized alien, and further certifying none of my employees or subcontractors (if any) are unauthorized aliens, and furthermore I initial the appropriate designation for myself below:

\_\_\_\_\_ I am a United States Citizen;  
INITIAL HERE

OR

\_\_\_\_\_ I am a legal permanent resident 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal  
INITIAL HERE Immigration and Nationality Act, 18 years of age or older (Alien Registration Number as Follows: \_\_\_\_\_),  
and I certify that I am lawfully present in the United States.

In making the above sworn certification, under oath, I understand that any person who knowingly and willfully makes a false, fictitious or fraudulent statement or representation in an affidavit shall be guilty of a violation of code section 16-10-20 of the Official Code of Georgia.

Applicant Signature: \_\_\_\_\_

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

Sworn to and subscribed before me  
This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_