

City Of De Soto

Swimming Pool/Hot Tub Permit Application

Phone: 636-586-3326

Fax: 636-586-9201

Permit: _____ **Int.**

Date: _____

PROJECT INFORMATION & LOCATION:			
Project Type:	<input type="checkbox"/> Residential	<input type="checkbox"/> Multi-family	<input type="checkbox"/> Commercial
			Cost of Construction \$ _____
Project Address _____	City _____	Zip code _____	
Parcel # _____ - _____ - _____ - _____ - _____	Subd. _____	Lot _____	

OWNER INFORMATION:			
Owner _____	Name _____	Phone # _____	
Owner Address _____	Street Address _____	City _____	State _____ Zip Code _____
Tenant or Business Name _____	<input type="checkbox"/> Existing <input type="checkbox"/> New		

CHECK ALL THAT APPLY TO THE PROJECT:			
<input type="checkbox"/> In-Ground Pool	Size _____ X _____	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Panels <input type="checkbox"/> Concrete
<input type="checkbox"/> Existing Electric to Pool or Filter		<input type="checkbox"/> Electric required	<input type="checkbox"/> Heater
<input type="checkbox"/> Above Ground Pool	Diameter _____	Wall Height _____	Manufacturer _____
<input type="checkbox"/> Existing Electric to Pool or Filter		<input type="checkbox"/> Electric required	
<input type="checkbox"/> Hot Tub	Size _____ X _____	Wall Height _____	Manufacturer _____ Model _____
<input type="checkbox"/> Safety cover that complies with ASTM F1646		<input type="checkbox"/> Existing Electric to Hot Tub	<input type="checkbox"/> Electric required
BARRIERS:			
<input type="checkbox"/> Fence Type _____	Height _____	Locked Gate <input type="checkbox"/>	Inside pool area <input type="checkbox"/> Outside pool area <input type="checkbox"/>
<input type="checkbox"/> Door alarm		<input type="checkbox"/> Barrier around steps/ladder _____	
Deck Size _____	X _____		

IS THE PROPERTY LOCATED IN ANY AREA OF SPECIAL FLOOD HAZARD? YES _____ NO _____

NOTICE: The disposal of demolition waste is regulated by the Department of Natural Resources under Chapter 260, RSMo. Such waste, in types and quantities established by the department, shall be taken to a demolition landfill or a sanitary landfill for disposal.

I understand if the information I have given above is not true, my permit may be revoked by the City of De Soto, and I agree to abide by, and comply with, the conditions of all Building regulations.

	Business Name	Phone #
General Contractor		
Mechanical		
Electrician		
Plumbing		