



CITY OF GREENSBURG
*Swimming Pool (In-ground and Above Ground)
 and Spa Permit Application*

314 West Washington Street
 Greensburg, IN 47240
 Office: (812) 663-3344

Print in Ink — Incomplete Applications Will Not Be Processed — Permit Valid for One Year

Instructions: Submit one drawing of pool/spa and site plan showing location of proposed pool/spa with setbacks

1. LOCATION OF CONSTRUCTION ACTIVITY

Address: _____

Lot: _____ Subdivision: _____

2. PROPERTY OWNER INFORMATION

Name: _____

Address: _____

Phone (_____) _____ - _____

3. INDICATE USE OF POOL/SPA

Start Date: _____ **Completion:** _____

Residential Commercial Multi-Family

Located in Building Other _____

4. CONTRACTOR INFORMATION

Company: _____

Address: _____

Phone: (_____) _____ - _____

Contact Person: _____

Contact Phone # _____

I certify the information on this form is complete and accurate.

5. DETAILS OF PLANNED INSTALLATION

A. Size of Pool or Spa
 Length _____ Width _____
 Diameter _____ Depth _____
 Total Square Feet _____

B. Size of Lot in Square Feet _____

C. Area of Rear Yard in Square Feet _____

D. Distance from Lot Lines (*site Plan for Pool required*)
 Right Side _____ Left Side _____
 Rear _____

E. Access to Pool Restricted By:
 _____ Automatic Pool Cover
 _____ Existing 4 foot Minimum Fence or Wall
 _____ Fence, Wall, or Auto Pool Cover installed by:

F. Will electrical work be required as part of the installation?
 yes no HVAC work? yes no

6. ADDITIONAL DETAILS

A. General Contractor Name: _____

B. Phone No. of Contractor _____

C. **Total Cost of Job:** _____

Signature of Property Owner or Contractor Date: _____

FOR OFFICE USE ONLY

Application Approved Date approved _____ Initials: _____

Application Denied Permit # _____