

CITY OF MARYVILLE CODES DEPARTMENT

416 West Broadway Ave., Maryville, TN 37801 865-273-3500

APPLICATION FOR SWIMMING POOL PERMIT

PROJECT LOCATION / ADDRESS:

APPLICANT/PERMIT HOLDER (CHECK ONE) Property Owner Contractor

PROPERTY OWNER	NAME:	
	ADDRESS:	
	PHONE:	
POOL CONTRACTOR	NAME:	
	ADDRESS:	
	PHONE:	
	TN LIC. #:	LICENSE CLASS:

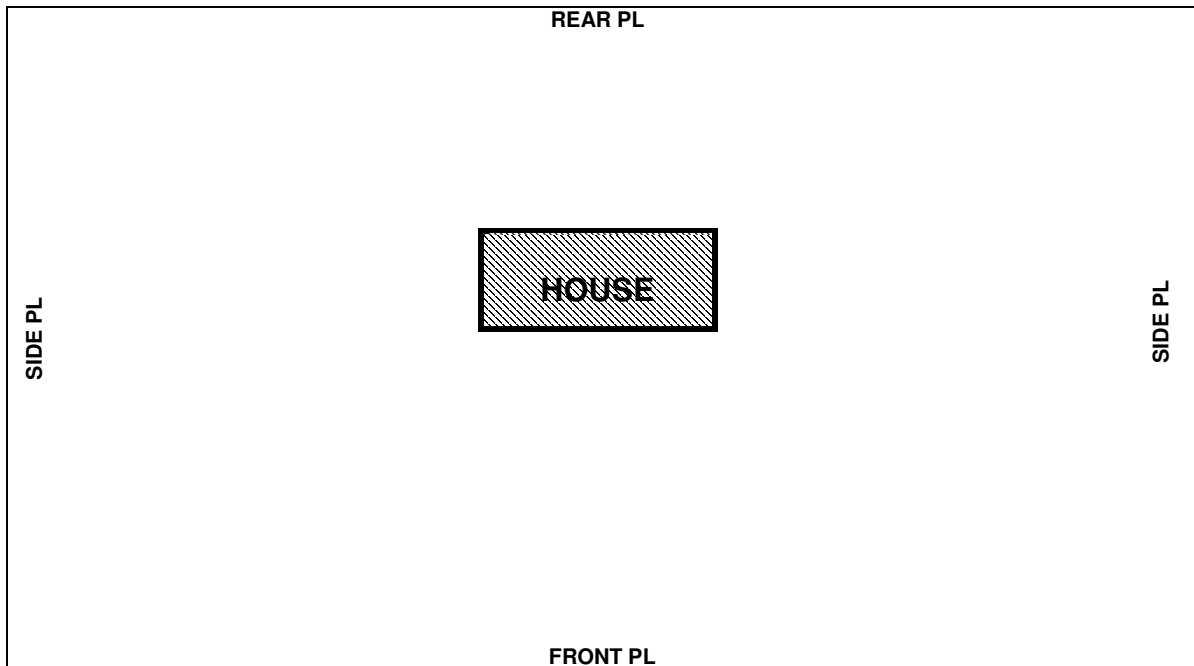
TYPE OF POOL

ABOVE-GROUND IN-GROUND
 WATER DEPTH (DEEPEST PART) _____ (over 24 inches depth is a swimming pool)
 RESIDENTIAL PUBLIC

PERMIT FEE*: \$

**NOTICE: Permit fee refunds may not be available or may be limited. All permit fee refunds are subject to permit fee refund policy. See Building Official for permit fee refund policy details.*

POOL LOCATION SITE PLAN



STREET

OTHER PERMITS REQUIRED		
GRADING	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL
ELECTRICAL	<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> ELECTRICAL PERMIT REQUIRED
RETAINING WALL	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SINGLE FAMILY DWELLING OWNER LICENSING DECLARATION

As the homeowner, I understand that I have the right to do my own swimming pool installation provided I live or intend to live in the single family dwelling where the work is to be done. I understand that this work must be done by myself personally as the homeowner and that it is illegal to contract (pay) with other persons to do these installations unless the person in which I contract is duly licensed by the State of Tennessee. I understand that violations of these restrictions may result in denial of utility services and/or my prosecution. I understand that it is my responsibility to call for all necessary inspections and see that work has passed inspection prior to the work being covered up and that all final inspections are made and approved.

OWNER: _____

UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND / OR PERJURY, I declare that I have examined and / or made this application and it is true and correct to the best of my knowledge and belief and that all provisions of laws and ordinances governing this type work will be complied with whether specified herein or not. I agree to construct said improvement in compliance with all provisions of the applicable ordinances. I further certify that all easements, deed restrictions or other encumbrances restricting the use of the property are shown on the site plan or other documents submitted with this application. I realize that the information that I have affirmed hereon forms a basis for the issuance of the permit herein applied for and approval of plans in connection therewith shall not be construed to permit any construction upon said premises or use thereof in violation of any applicable ordinance or to excuse the owner or his or her successors in title from complying therewith. I acknowledge that granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. I HAVE BEEN GIVEN AUTHORIZATION FROM THE PROPERTY OWNER TO OBTAIN THIS PERMIT. I HAVE BEEN AUTHORIZED BY THE OWNER TO CONSENT TO INSPECTIONS OF THIS PROPERTY AND TO THE ENTRY ONTO THE PROPERTY BY INSPECTORS OF THE CITY OF MARYVILLE FOR THE PURPOSE OF PERFORMING THE NECESSARY INSPECTIONS DURING NORMAL BUSINESS HOURS FOR THE DURATION OF THE PERMIT.

NOTICE!

T. C. A. Title 68, Chapter 14 requires a swimming pool alarm to be installed on all one-family and two-family dwelling swimming pools that are over 36 inches in depth. The alarm must emit a sound of at least 50 decibels when a person or object weighing 15 pounds or more enters the water. This alarm cannot be the type that attaches to a child. The alarm must be installed and properly operating before using or making the swimming pool available for use. By signing this permit application I am acknowledging this requirement and declaring that I will comply with the law. THE ELECTRICAL INSPECTOR WILL NOT GIVE FINAL APPROVAL OF THE WIRING UNLESS A PROPERLY FUNCTIONING POOL ALARM HAS BEEN INSTALLED!

THIS PERMIT WILL EXPIRE ON _____

 (Signature of Applicant / Permit Holder) (Print Name) (Date)

Application Approved*: _____
 (Code Official) (Date)

* Approval subject to proper submittal of licensing and Worker’s Compensation documentation at front desk.

FRONT DESK USE ONLY		
OTHER PERMITS REQUIRED		
<input type="checkbox"/> RETAIN WALL	<input type="checkbox"/> GRADING	<input type="checkbox"/> ELECTRICAL
<input type="checkbox"/> CONTRACTORS LICENSE COPY		
WORKERS COMPENSATION CERTIFICATE: <input type="checkbox"/> COPY <input type="checkbox"/> AFFIDAVIT		