



1130 Bluffs Parkway
 Canton, GA 30114
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SWIMMING POOL APPLICATION	
PROJECT	Vinyl <input type="checkbox"/> Gunite <input type="checkbox"/> Fiberglass <input type="checkbox"/> In-Ground <input type="checkbox"/> Above-Ground <input type="checkbox"/> Permit # _____
	Street Address _____ Lot# _____
	Subdivision _____ City _____ Zip _____
	Pool size _____ Heated Yes <input type="checkbox"/> No <input type="checkbox"/> # of BTU's _____
CONSTRUCTION INFORMATION	Zoning _____ Variance# _____ Front Setback _____ Rear Setback _____ Side Setback _____
	Map _____ Parcel _____ Flood Plain <input type="checkbox"/> Septic Permit # _____
	Serving Utility Company _____
	Are there any other features being built with the pool? (Such as outdoor grill, fireplace, kitchen, bath-house, etc.) If yes, please list all that apply. Additional permits may be required.
	NOTE: Local amendment requires a five (5) foot fence/barrier with self-latching gate to continuously surround all pools. Where a wall of the dwelling serves as part of the barrier, additional protection is required by either audible alarms listed in accordance with UL 2017, or a powered safety cover in compliance with ASTM F 1346. The use of additional safety measures does not negate the requirement for the five (5) foot fence /barrier around the pool.
	Property Owner _____ Phone # _____
CONTACT INFORMATION	Address _____
	Email _____
	Company Name _____ Phone # _____
	Address _____
	Email _____
	Applicant _____ Phone # _____
	Address _____
	Email _____
AUTHORIZED SIGNATURES	I hereby certify that I have read and examined this application and agree the same to be true and correct. I further understand that it is my responsibility to adhere to required setbacks, as specified on approved application. The granting of a permit does not presume to give authority to violate or cancel the provision of any other state or local law regulating construction or the performance of construction.
	APPLICANT'S NAME _____
	APPLICANT'S SIGNATURE _____ DATE _____
	OWNER'S NAME _____
OWNER'S SIGNATURE _____ DATE _____	