

**PRIVATE SWIMMING POOL PERMIT APPLICATION**

**TOWN of BYHALIA**

**P. O. Box 412 – 225 Hwy. 309 S**

**Byhalia, MS. 38611**

**(662)838-2135**

RECEIPT # \_\_\_\_\_

PERMIT #: \_\_\_\_\_

CHECK # \_\_\_\_\_

811# \_\_\_\_\_

CASH \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

Job Site Address: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Contractor Address: \_\_\_\_\_ Email: \_\_\_\_\_

Circle One: In Ground Pool    Above Ground Pool    Spa    Hot Tub

Height of Above Ground Pool: \_\_\_\_\_ (measured from finished grade five feet from edge)

Pools/Spas/Hot Tub Fees \$100.00

Heaters (each) \_\_\_\_\_ x \$25.00 \_\_\_\_\_

Recording Fee \$1.00

Total Fee Due \_\_\_\_\_

If Fence/Barrier is already in place: Material: \_\_\_\_\_ Height: \_\_\_\_\_

Electrical and Plumbing permits shall be applied for before Pool/Spa/Hot Tub permit will be issued.

Fence/Barrier permit (in need) shall be applied for before Pool/Spa/Hot Tub permit will be issued.

I, the undersigned, certify that the described work listed on this permit is true and correct. I acknowledge that any permit granted on the representation herein made may be revoked at any time, without notice, on a breach of representation or violation of the Town of Byhalia Swimming Pool Codes.

Contractor Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved By: \_\_\_\_\_

All inspection listed below shall be inspected and approved by the Town of Byhalia Building Department

Location: \_\_\_\_\_ Bonding: \_\_\_\_\_ Electrical Ditches: \_\_\_\_\_ Deep Seal Trap: \_\_\_\_\_

Light Niche: \_\_\_\_\_ Others: \_\_\_\_\_ Others: \_\_\_\_\_ Final: \_\_\_\_\_