



**CITY OF TROY, MISSOURI
RESIDENTIAL SWIMMING POOL/SPA
PERMIT APPLICATION**

Project Address: _____
(PRINT LEGIBLY)

Legal Description: Lot _____ Subdivision _____

Property Owner: _____ Owner Phone: (____) _____ - _____

Contractor Name (Company)	Contact Name	Contact Phone Number

Electrical Company	Contact Name	Contact Phone Number

All contractors and electricians must have a current license with the City of Troy in order for this application to be accepted.

TYPE OF WORK: Pool/Spa Combination Pool-Inground Pool-Above Ground Spa Only
(SELECT ONE)

Valuation of Work: \$ _____ Square Footage (Total Area): _____

Pool Depth _____ **(If depth is less than 24", it does not require a permit.)**

Heater: YES/NO **Diving board:** YES/NO **P-Trap:** YES/NO
(P-Trap & Backwash line **required** on all sanitary sewer properties.)

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK ON THE SITE AUTHORIZED IS NOT COMPLETED WITHIN 90 DAYS AFTER ISSUANCE. All permits shall be accompanied by a site plan showing the location of the pool. **ALL PERMITS REQUIRE A FINAL INSPECTION.**

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The 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.

Signature of Applicant: _____ Date: _____
Contact Phone: _____ Name: _____
(Print Legibly) (Print Legibly)

PLANS EXAMINER USE ONLY:	
Plans Approved By: _____	Date Approved: _____
Permit Fee: \$50.00	
Special Conditions/Comments: _____	

PERMITS EXPIRE AFTER 90 DAYS OF ISSUANCE. PERMITS ARE NOT TRANSFERABLE.