



**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)

|                                    |                      |
|------------------------------------|----------------------|
| <b>PLANS EXAMINER USE ONLY:</b>    |                      |
| Plans Approved By: _____           | Date Approved: _____ |
| Permit Fee: \$50.00                |                      |
| Special Conditions/Comments: _____ |                      |

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