

APPLICATION FOR COMBINATION POOL PERMIT

APPLICATION NO.:	CB	LOC: BS 0408



PLEASE COMPLETE THE FOLLOWING INFORMATION

JOB ADDRESS:				_ UNIT NO.:
CITY/LOCALITY:		CROSS-STREET:		
ASSESSOR PARCEL N	UMBER (APN):			
TENANT:	(LAST NAME/BUSINESS NAME)	(FIRST)		D
	(LAST NAME/BUSINESS NAME)		OWNER/BUILD	,
ADDRESS:			PHONE ()	EXT
APPLICANT:	(LAST NAME/BUSINESS NAME)	(FIRST)	(MI)	
ADDRESS:			PHONE ()	EXT
CONTRACTOR:	(LAST NAME/BUSINESS NAME)	(FIRST)	LIC. NO.:	CLASS:
ADDRESS:			PHONE ()	EXT
ARCH/ENG:	(LAST NAME/BUSINESS NAME)	(FIRST)	LIC. NO.:	CLASS:
ADDRESS:			PHONE ()	EXT
WORK DESCRIPTION:				

FOR BUILDING AND SAFETY USE ONLY								
		_ POOL TYPE-RESID USE ZONE: _			IAL: R:			
SPECIAL CONDITIONS:								
SETBACKS	YARD	HIGWAY	TOTAL FROM	PL	EXISTING S	STRET WIDTH		
FRONT PL: SIDE PL:								
STAT CLASS:		CONSTRUCTION T	YPE:	FIRE ZO	NE:			