



TRIBAL PLANNING & DEVELOPMENT
 5401 DINAH SHORE
 PALM SPRINGS, CA 92262
 (760) 699-6800
 Fax (760) 325-6952

POOL PERMIT APPLICATION

(Please type or print clearly using ink.)

GENERAL REQUIREMENTS (Print or Type)

Location of Project	Staff Use Only FILE NO.:
Legal Description of Project (Assessor's Parcel No. and T, R,S):	
Legal Owner's Name Phone Number:	
RELATED FILES:	
Address:	Phone Number: Fax Number
Applicant's Name (if different from above)	
Address	E-mail::
:	

Type of Construction (Please Check All Applicable Boxes)

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Pool | <input type="checkbox"/> Spa |
| <input type="checkbox"/> Pool & Spa | <input type="checkbox"/> Other-Description/Specification Below: |

* REQUIRED: (3) THREE SETS PLOT PLANS – (2) SETS STRUCTURAL CALC'S

Pool Shape:	Spa Shape:
Size:	Size:
Heater BTU: () None	() Attached () Detached
Sound Wall Req'd: () Yes () NO	Spa Only/Protection Barrier: () Alarm () Fence
Protection Barrier: () Alarm () Fence	() Other Description

REQUEST FOR FEE ESTIMATE:

I certify that I am presently the legal owner, or owner's representative of the above-described property. I am hereby requesting an estimate for plan check in order to commence plan check and permitting procedures for this project. (If the undersigned is different from the legal property owner, a letter of authorization must accompany this form.)

Requested By	For:	Signature:	Date:
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Print Name and Title:

Date/Time Received	Received By	Fees Received \$	Receipt No.
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