

City of Loganville Planning & Development
4385 Pecan Street • P.O. Box 39
Loganville, GA 30052
770.466.2633 Fax: 770.554.5556

SWIMMING POOL AND SPA PERMIT APPLICATION

This application must be completed, signed and submitted to the Building Department along with a copy of your current business license before any work begins.

PERMIT: # _____ DATE: _____

Swimming Pool: In Ground Above Ground

Spa: Indoor Spa Outdoor Spa

Construction Address: _____

Lot: # _____ Project/Subdivision Location _____

Company/Contractor Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: # _____ Cell: # _____ Fax: # _____

Business License: # _____

In the event of any change in my status on this installation, I understand that I will be held responsible for this job until the Building Department has been notified, in writing, of any change.

I certify that this work will be done in a Professional Workmanship Manner and according to all local and National Electrical Codes. I agree to indemnify and relieve the City of Loganville and its inspectors for any liability for damages or loss of property.

Signature: _____ Print Name: _____

Permit Fee _____ Check / Cash _____ Receipt # _____

Taken By _____ Date _____ Map & Parcel # _____

Approved By: _____

Building Official