

## **SWIMMING POOL APPLICATION**

## ALL REQUESTED INFORMATION MUST BE PROVIDED INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

| PROPERTY OWNER INFORM   | <u>IATION</u>                 |  |   |                    |  |
|---|-------------------------------|--|---|--------------------|--|
| Name  |                               |  | Driver's License/State ID # - State Issued (Copy of Driver's License/State ID required) |                    |  |
|   |                               | CENT   | ER LINE, MI   | 48015              |  |
| Address - Street # Street   | Name                          | City   | State   | Zip Code           |  |
| Property Owner Mailing Address License/State ID)                      | ss (IF different than propert | y address)   | (Must be address or   | n Driver's         |  |
| Home Phone  | Cell Phone                    |  | Work Phon   | e                  |  |
| FAX #   | Email                         |  |   |                    |  |
| Name of Business Address (Must be street address, PO Box not allowed) |                               | npleted by<br>City   | / a Licensed Control State  | actor)<br>Zip Code |  |
| Name  |                               | Driver's License/State ID # - State Issued Copy of Driver's License/State ID required) |   |                    |  |
| Workman's Comp. Carrier   | MESC Employer                 | #  | Contractor's Licer  | nse #              |  |
| Occupational License #  | Federal ID #:                 |  | Occupational Lice   | ense Exp. Date     |  |
| Address - Street # Stree<br>(Must be address on Driver's Licens       | t Name<br>se/State ID)        | City   | State   | Zip Code           |  |
| Home Phone  | Cell Phone                    |  | Work Phone  |                    |  |
| FAX #   | Email                         |  |   |                    |  |

## ALL REQUESTED INFORMATION MUST BE PROVIDED INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

| PROPERTY INFORMATION                               |           |  |  |  |  |  |
|--|-----------|--|--|--|--|--|
| Lot size:ft. wide (x)                              | ft. deep  |  |  |  |  |  |
| Interior corner:                                   |           |  |  |  |  |  |
|  |           |  |  |  |  |  |
|  |           |  |  |  |  |  |
| POOL INFORMATION:                                  |           |  |  |  |  |  |
| Construction Cost: \$ (Include all costs)          |           |  |  |  |  |  |
| Type (circle one): Above ground                    | In-ground |  |  |  |  |  |
| Shape (circle one): Round Oval                     | Rectangle |  |  |  |  |  |
| Dimensions:  |           |  |  |  |  |  |
| Width:ft. Length:ft.                               | Depth:    |  |  |  |  |  |
|  |           |  |  |  |  |  |
|  |           |  |  |  |  |  |
| Show diagram of proposed pool, house, garage, etc. |           |  |  |  |  |  |
|  |           |  |  |  |  |  |
|  |           |  |  |  |  |  |
|  |           |  |  |  |  |  |
|  |           |  |  |  |  |  |
|  |           |  |  |  |  |  |
|  |           |  |  |  |  |  |
|  |           |  |  |  |  |  |
|  |           |  |  |  |  |  |
|  |           |  |  |  |  |  |
|  |           |  |  |  |  |  |
|  |           |  |  |  |  |  |
|  |           |  |  |  |  |  |
|  |           |  |  |  |  |  |
|  |           |  |  |  |  |  |

## ALL REQUESTED INFORMATION MUST BE PROVIDED INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

| Owner Affidavit  |   |  |   |                          |
|--|---|--|---|--------------------------|
| I, hereby certify that the work of<br>the property listed herein, which<br>accordance with all applicable<br>and said work shall not be end<br>City of Center Line Building Instresponsibility to arrange for ne   | ch I will be living in o<br>City of Center Line (<br>losed, covered up, o<br>spector. I will coope  | r about to occupy. All<br>Codes or other applica<br>r put into use until it h<br>rate with the Inspector   | work shall be installed<br>ble state and federal law<br>as been inspected by a  | l in<br>ws,              |
| Signature of Property Owner  |   | Date   |   |                          |
| Applicant Affidavit  Permits are not transferable of a permit does not guarante must complete work themsel immediately. The applicant stand payment of fees. If work be assessed.  Section 23a of the State Consistency Section 125.15321 of the Michael Circumvent the licensing region a residential building or a fines.  As the applicant, I have read | ee compliance with a lives or hire licensed hall be responsible fis started before a pestruction Code Act o higan Compiled Law uirements of the state residential structure | a building or other app<br>contractors. Complete<br>or obtaining permits; s<br>ermit is issued, an add<br>f 1972, Act 230 of Publ<br>s, prohibits a person f<br>e relating to persons v<br>e. Violators of Section | licable code. Homeowned work must be inspected work must be inspections, ditional inspection fee which was a subject to civil | ners<br>ted<br>;<br>vill |
| Applicant's signature  |   | Da   | ate   |                          |
|  | FOR OFFICE  | USE ONLY   |   |                          |
|  | Fees:   | Paid   | d:  |                          |
| Permit Fee:  |   |  |   |                          |
| Bond:  |   | _  |   |                          |
| Plan Review:   | <del></del>   |  |   |                          |
| Contractor Registration:   |   |  |   |                          |
| Other:   |   |  |   |                          |
| Total:   |   |  |   |                          |
| Approval Signature   |   | <br>Date   |   | _                        |