



City of Battle Ground

Community Development Department
Building Division

109 SW 1st Street, Suite 123, Battle Ground, WA 98604
Phone (360) 342-5046, Fax (360) 342-5049

For Office Use Only:

Date Received: _____

POOL: _____

SWIMMING POOL PERMIT APPLICATION

APPLICANT: _____ Phone: () _____ Fax: () _____

Mailing Address: _____ State: _____ Zip Code: _____

Email Address: _____

PROPERTY OWNER: _____ Phone: () _____ Fax: () _____

Mailing Address: _____ State: _____ Zip Code: _____

CONTRACTOR: _____ Phone: () _____ Fax: () _____

Contractors License # _____ Business License # (Required) _____

Mailing Address: _____ State: _____ Zip Code: _____

Email Address: _____

Project Name: _____ Tax Lot # _____

Site Address: _____ Lot #: _____ Zoning: _____

Maximum Depth of Pool: _____ Dimensions of Pool: _____

Pool Capacity in Gallons: _____ Value of Pool: \$ _____

Type of Pool: Above Ground In-Ground Concrete In-Ground

Submit the following:

- 2 copies of the manufacturer's specifications, installation requirements and pool brochures.
- 2 plot plans indicating proposed location of pool, property lines, easements, structures and full detail of existing barrier (fencing) surrounding pool. If there is no existing barrier, please indicate proposed barrier as part of this application.

Further description of proposal if necessary:

I hereby certify that the above information is correct and that the work performed on, and the occupancy and use of, the above described property will be in accordance with the laws, rules and regulations of the State of Washington and the City of Battle Ground.

Signature of Applicant: _____ Date: _____

Signature of Owner/Representative: _____ Date: _____

(REQUIRED)

For official use only:

Entered by: _____ Fees Due: _____ Receipt # _____ Received by: _____

| PLUMBING | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Item | Quantity |
| Each plumbing fixture or trap or set of fixtures on one trap (including water, drainage piping and backflow prevention thereof) | |
| Sewer Connections | |
| Water Connections | |
| Rainwater system – per drain (inside building) typically Commercial | |
| Water heater , electric only (for gas water heaters, see mechanical permit) | |
| Industrial waste pretreatment interceptor including its trap and vent, except kitchen-type | |
| Grease traps | |
| Installation, alteration or repair of water piping and/or water treatment equipment, or both | |
| Repair or alteration of drainage or vent piping | |
| Graywater system | |
| Initial installation and testing for a reclaimed water system | |
| Annual cross-connection testing of a reclaimed water system (excluding initial test) | |
| Medical gas piping system serving 1 to 5 inlet(s)/outlet(s) for a specific gas REMOVE | |
| Additional medical gas inlet(s)/outlet(s) | |
| Boiler System (if gas, mechanical permit required) | |



CITY OF BATTLE GROUND
COMMUNITY DEVELOPMENT DEPARTMENT
PLANNING DIVISION: (360) 342-5047 / BUILDING DIVISION (360) 342-5046

OWNER AUTHORIZATION FORM

I, _____ am the owner of the _____
(Owner name) (Parcel or building)

located at _____ in Battle Ground, Washington, and as such
(Site address)

authorize _____ to submit the following (select all that apply):
(Name of applicant)

- Land Use Application
- Building Permit Applications (including Mechanical and Plumbing, if applicable)
- Other (please specify) _____

for the purpose of _____
(Name of project)

Owner Signature

Date

Print Owner Name