

Director

Gregori S. Anderson, CBO

Chatham County Department of Building Safety & Regulatory Services P.O. Box 8161, Savannah, GA 31412-8161 912-201-4300 - Fax 912-201-4301



Clifford Bascombe, CBO, CFM Assistant Director

POOL / SPA PERMIT APPLICATION

The following information must be submitted with the permit application:

- A completed Fence application with two copies of fence detail.
- Two copies of a site plan. Show what is existing on the lot (building, easement, septic system, etc.), property lines, and where the pool will be located.
- Two copies of pool drawings/specifications including equipment.
- Subcontractor Signature Page
- Homeowner Affidavit
- Copy of Georgia State license and copy of local Georgia business license
- Construction Plans / Drawings Two copies
- Environmental Health Department (ALL lots that have/will have a septic tank)
- Engineering Department (*If pool is located in a flood zone*)

P.I.N.:	Obtained from Tax Assessors Office (912) 652-7271.
Project Address:	

	Pool Permit	Spa Permit
Owner:		
Name:		Phone No. ()
City:	State:	Zip:
Person applying for perr	<u>nit:</u>	
Name:		Phone No. ()
Company:		
Address:		
Contractor:		
Name:		
Phone No. ()	-	Fax No. () -

Pool Description:			
Commercial	Residential		
In-Ground	Above-Ground		
Diameter:	Height:		
Fiberglass	Metal Panels with Liner	Concrete	Other
Deck size:	x		
Is there a septic tank Valuation of job (inclu		□ NO \$	-
Note: A fence is requ	ired around pools 24 inches or de	eper.	

Is there an existing fence?
Is there an existing fence?
Is there an existing fence?

□ NO (Complete a FENCE permit application)

It is understood and agreed by the undersigned owner or agent that the approval of this application does not constitute a privilege to violate the building codes, zoning ordinance, or other ordinances of Chatham County and that any omission of or misrepresentation of fact with or without intention of the undersigned or any alteration from this application (including changing subcontractors) without the approval of the Building Official shall constitute sufficient ground for the revocation of any permit issued which was based on the approval of this application. The owner is listed above will be held responsible for insuring that all permits have been obtained and that all required inspections have been made. The owner will be held legally liable for any violations which may occur with or without his or her knowledge. The owner may request a Certificate of Completion when all required inspections have been approved.

Owner/Agent _____

Date_____

For Office Use Only

Approved: ______ Date: _____ Date: _____



Chatham County Building Safety & Regulatory Services

COMPLETE APPLICATION CHECKLIST AFFIDAVIT

All required approvals must be received when submitting the permit application. If any forms or approvals are missing, all paperwork will be returned to applicant.

Ad	dres	s: Permit #		
Required Forms & Documents				
Υ	Ν	N/A		
		Signed Application		
		Complete Application Checklist Affidavit (this form)		
		□ Site Plan – Two copies (11-1/2 by 17)		
		Two copies of equipment specifications		
		Subcontractor Signature Page		
		Homeowner Affidavit		
		Copy of Georgia State license and copy of local Georgia business license		
		Construction Plans / Drawings – Two copies		

All Required Additional Approvals

<u>Y N N/A</u>

- □ □ Environmental Health Department (ALL lots that have/will have a septic tank)
- □ □ Engineering Department (*New construction in a flood zone*) See Subdivision Exceptions

Supplemental information may be required during plan review to address deficiencies.

Pursuant to the requirements established by Georgia Law Section §8-2-26, I am submitting all documents checked "Y" above for review and approval.

Signature Pri			nted Name	Date

Office Use Only				
Complete	Not Complete	Name:		Date

Environmental Health	Link to septic application: <u>https://www.gachd.org/wp-content/uploads/2019/05/Septic-App-Fillable-1.pdf</u> 1395 Eisenhower Drive, Savannah, GA 912-356-2160	
Engineering	124 Bull Street, Savannah, GA	
Department	Call 912-652-7800 for an appointment –take one set of construction plans	



CHATHAM COUNTY POOL/SPA SUBCONTRACTOR LIST

Job Location	
Pool Contractor	
Permit #	_
<u>PLUMBING</u>	Date
I hereby certify that I will perform the pl	umbing work for the project described above and I
further certify that I have a valid Georgia	a State license and Local Business License.
Local Business License #	Jurisdiction
State License #	Expires:
Company Name	
E-mail	
Signature	Phone No. () -

ELECTRICAL Da	ite	
hereby certify that I will perform the electrical work for the project described above and I		
further certify that I have a valid Georgia State	license and Local Business License.	
Local Business License #	Jurisdiction	
State License #	_ Expires:	
Company Name		
E-mail		
Signature	Phone No. ()	

SAMPLE PLOT PLAN AND DETAILS

