

**SWIMMING POOL PERMIT APPLICATION  
CITY OF HAMMOND**

PERMIT # \_\_\_\_\_

FILING DATE: \_\_\\_\_\\_\_

**APPLICANT NAME:** \_\_\_\_\_  
First Name MI Last Name

**COMPANY NAME:** \_\_\_\_\_ Owner Contractor Other

Applicant Mailing Address: \_\_\_\_\_  
Street Address or PO Box City State Zip

Applicant Telephone: (\_\_\_\_) \_\_\_\_\_ Applicant Fax: (\_\_\_\_) \_\_\_\_\_

**PARCEL#** \_\_\_\_\_ **(PLEASE VERIFY PARCEL ADDRESS & # W/GIS DEPT.)**

**SITE LOCATION:** \_\_\_\_\_  
Street Address Number & Street Name

Where did you get this address?  Post Office  City Building Dept.  911 Office  Other \_\_\_\_\_  
Please specify.

**PROPERTY OWNER NAME:** \_\_\_\_\_  
(If different than Applicant Name above.) First Name MI Last Name

**COMPANY NAME:** \_\_\_\_\_

Owner Address: \_\_\_\_\_  
Street Name/Street Number City State Zip

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**FLOOD ZONE:**  
 Zoning Requiring Elevation Certificate: A AE AH AO A1-A30 A99 B  
 Zoning Not Requiring Elevation Certificate: C X

**FLOODWAY:** YES NO If subdivision, what is the LOT # \_\_\_\_\_.

**ZONING:** AL B1 B2 C1 C2 C3 C4 C4A H I L R4 R5 R5S R8 R11 RA RP RS S

**CONTRACTOR NAME:** \_\_\_\_\_  
First Name MI Last Name

**COMPANY NAME:** \_\_\_\_\_ **CONTRACTOR TYPE:** \_\_\_\_\_

LOCAL LICENSE # \_\_\_\_\_ Exp.Date \_\_/\_\_/\_\_ STATE # \_\_\_\_\_ Exp.Date \_\_/\_\_/\_\_

Address: \_\_\_\_\_  
Street Name or PO Box City State Zip

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**PERMIT INFORMATION-Description**

**Residential Commercial Other** \_\_\_\_\_

**In Ground Pool Above Ground Pool**

**Pool Size:** \_\_\_\_\_ Ft. Length \_\_\_\_\_ Ft. Width \_\_\_\_\_ Ft. Depth

**CONSTRUCTION VALUE:** \$ \_\_\_\_\_

**SEE REVERSE FOR ADDITONAL INFORMATION →→→→**

