

Columbus County Inspections Department

127 W. Webster Street, Whiteville, NC 28472

(910)640-6619 FAX (910)640-6649

8:30am to 5:00pm Monday - Friday

Pool, SPA or Hot Tub Permit Application

| | | | |
|---|----------------------|-----------------------|----------------------|
| Owner | <input type="text"/> | Phone # | <input type="text"/> |
| Address | <input type="text"/> | | |
| Is Structure to be: | <input type="text"/> | | |
| Contractor | <input type="text"/> | Phone # | <input type="text"/> |
| Address | <input type="text"/> | | |
| NC Licenses # | <input type="text"/> | Job Name or #: | <input type="text"/> |
| Location of Work | <input type="text"/> | | |
| Directions: | <input type="text"/> | | |
| Subdivision Name | <input type="text"/> | Lot #: | <input type="text"/> |
| <input type="radio"/> Site is in a Flood Zone | If so, What Zone? | <input type="text"/> | |
| Residential/Public | <input type="text"/> | Above or Below Ground | <input type="text"/> |
| | | Type of Pool | <input type="text"/> |
| Size: | <input type="text"/> | Total Sq Ft: | <input type="text"/> |
| Proposed Cost: | <input type="text"/> | | |

I agree that the proposed construction will meet or exceed the requirements of the North Carolina Building Code specifically, the barrier and anti entrapment protection requirements. In addition to the requirements a temporary barrier meeting the requirements shall be maintained throughout the work process once excavation for the pool is begun and or water is installed. _____

APPLICANT MUST SIGN

Requests for inspections can be made by contacting the Department between 8:30 am & 5:00 pm Monday thru Friday. The phone number is (910) 640-6619. Please note no inspection will be conducted the same day of the request.

I hereby certify that all information in the application is correct and all work will comply with the NC State Building Code and all other applicable State and local laws, ordinance and regulations. I will notify the Columbus County Building Inspections in the event there are any changes in the approved plans of this project.

| | | | |
|--------------------|----------------------|---------------------|----------------------|
| Owner / Contractor | <input type="text"/> | Date of Application | <input type="text"/> |
|--------------------|----------------------|---------------------|----------------------|