



SUMTER CITY-COUNTY
 BUILDING INSPECTION DEPARTMENT
 POST OFFICE BOX 1449 12 WEST LIBERTY STREET
 SUMTER, SC 29151 (803) 774-1600



SWIMMING POOL APPLICATION

Permit Number _____	Jurisdiction	<input type="checkbox"/>	City	<input type="checkbox"/>	County
		<input type="checkbox"/>	Mayesville	<input type="checkbox"/>	Pinewood
Applicant _____					
Name			Phone		
Applicant's Address _____					
Street		City		State	Zip
Property Owner _____					
Name			Phone		
Owner's Address _____					
Street		City		State	Zip
Contractor _____					
Name			Phone		
Contractor's Address _____					
Street		City		State	Zip
Property Address of Job Site _____					
Street		City		State	Zip
Construction Cost _____			Tax Map # _____		
Proposed Use <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____					
Electrical Connect <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Electrician _____					
Installation					
<input type="checkbox"/> Public Swimming Pool		<input type="checkbox"/> Private Swimming Pool		<input type="checkbox"/> Pool Filling System	
<input type="checkbox"/> Water Heater and/or Vent		<input type="checkbox"/> In Ground		<input type="checkbox"/> Backwash Receptor	
		<input type="checkbox"/> Above Ground		<input type="checkbox"/> Gas Piping System	

Note: Pool must be designated & constructed to prevent flotation, collapse, and lateral movement under flood conditions.

Application Completed by: Agent **or** Owner

Note: The Acceptance of this application for review and the payment of fees does **not** constitute the approval of this application. Approval is granted only upon the receipt of a permit. **THIS APPLICATION IS NOT A PERMIT.**
The above statements and accompanying material are complete and accurate

_____ _____ _____
 Print Name Signature Date

OFFICE USE ONLY:

Permit Fee _____ **Date** _____ **Zoning District** _____

Tax Map No. _____ **SIC Code** _____

Minimum Setbacks **Front:** _____ **Rear:** _____ **Side (E):** _____ **Side (W):** _____

Flood Hazard Area: Yes No

Base Flood Elevation _____

Overlay District: HP/ CBD APZ Highway Design Swan Lake RCD DNL

NA (Noise Attenuation) None

Cross Street Info: Between _____ And _____ Street

Comments: _____
Rear or side yards only, shall not be located in any required buffer yard. Must have all
lighting shielded or directed away from adjoining residences.

