



# City of Adelanto

Development Services Departments

## **POOL PERMIT (PP)**

### INSTRUCTIONS TO APPLICANT

The applicant must complete the attached form as prescribed, and all of the following information must be attached before it can be accepted for filing and processing by the Department of Planning.

- a) Application fee of \$75 – Checks shall be made payable to City of Adelanto.
- b) Application processing time is Four (4) Business Weeks – Processing time does not include weekends, City Holidays, alternating closed Fridays, or any other day that City Hall is closed.
- c) Plot Plan – 4 copies of a plot plan shall be submitted (along with an 8 ½” x 11” or 11” x 17” reproducible copy), shall be drawn neatly and accurately to scale (not smaller than 1 inch equals 100 feet), and shall show the following data:
  1. All property boundaries and abutting streets;
  2. All existing and proposed buildings, structures, fences, walls, driveways, and parking areas showing number and location of parking spaces;
  3. Proposed pool footprint with setbacks and depths.
  4. The following statement appear on the plot plan: “Gates-Fences and door alarms are the sole responsibility of the swimming pool contractor, all barriers shall comply to the 2001 C.B.C. Appendix Chapter 4, Section 421, I.R.C. Chapter 41, Section E4101”
- d) All Sections of this application must be filled out and signed: Including the **Application, Owner Statement, Authorized Agent Statement (if applicable), Subcontractor List, Disposal Plan, and Grading Permit.**

**APPLICATION FOR POOL PERMIT**

CASE NO. \_\_\_\_\_

DATE FILED
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Planning Fees:	\$15.00
Engineering Fees:	\$30.00
Grading Permit Fee:	\$30.00
<b>Total Due:</b>	<b>\$75.00</b>

Total Fees Paid \_\_\_\_\_ Receipt No. \_\_\_\_\_

-----City Use Only Above this Line-----

Name of Applicant/Home Owner		Phone	
Address			
City	State	Zip Code	
Name of Pool Company	Phone		
Address			
City	State	Zip Code	

[Applicant must be the owner of the land, the lessee having a leasehold interest of not less than three (3) years, or the agent of the foregoing, duly authorized in writing.]

One of the following property descriptions must be filled out:

A):

Assessors Parcel Number (APN)      and      Tract Number - Lot Number

\_\_\_\_\_

**OR**

B): The EXACT legal description of said property is: (the legal description may be given as tract lots, including Section, Township, and Range, or it may be described by metes and bounds with a point of beginning that can be identified on the City Engineer's maps).

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Total Cubic Yards of Pool to be Excavated: \_\_\_\_\_ CY

Estimated Value of Improvements:      \$ \_\_\_\_\_

**APPLICATION FOR POOL PERMIT**

The following statement must be signed in front of a Notary and original Notary acknowledgement attached to this document, or signed in front of City of Adelanto Staff.

I/We \_\_\_\_\_

(Please Print)

being first duly sworn, each for himself or herself, deposes and says that I/we am/are the owner(s) /lessee /agent  of the property involved in this application and that the foregoing statements herein contained and the information herein submitted, are in all respects true and correct to the best of my knowledge and belief.

Signature of Applicant: \_\_\_\_\_

(if different from owner)

Signature of Owner:					
Mailing Address:					
City		State		Zip Code	
Phone (H)			Phone (W)		

**APPLICATION FOR POOL PERMIT**

LETTER OF AUTHORIZATION  
IF APPLICANT OTHER THAN PROPERTY OWNER

I, \_\_\_\_\_, as owner(s) of property identified as Assessor's Parcel  
Property Owner(s)

No(s). \_\_\_\_\_ and/or Tract/Parcel Map \_\_\_\_\_, Parcel/Lot

No. \_\_\_\_\_ do hereby authorize \_\_\_\_\_ to represent me  
Authorized Agent

as agent in seeking approval of the following project(s): \_\_\_\_\_

\_\_\_\_\_

Owner and Authorized Agent also acknowledge that:

“Gates-Fences and door alarms are the sole responsibility of the swimming pool contractor, all barriers shall comply to the 2001 C.B.C. Appendix Chapter 4, Section 421, I.R.C. Chapter 41, Section E4101”

Signed \_\_\_\_\_  
Property Owner(s)

Date: \_\_\_\_\_

Signed \_\_\_\_\_  
Authorized Agent

Date: \_\_\_\_\_

NO APPLICATION FROM AN INDIVIDUAL OTHER THAN THE PROPERTY OWNER WILL BE ACCEPTED UNLESS THIS DOCUMENT, OR A SIMILAR DOCUMENT, IS COMPLETED, SIGNED AND SUBMITTED AS PART OF THE PROJECT APPLICATION.

# APPLICATION FOR POOL PERMIT



## City of Adelanto

Development Services Departments  
 11600 Air Expressway • P.O. Box 10  
 Adelanto, CA 92301  
 (760) 246 -2300 • FAX (760) 246 -3242

**Swimming Pool Subcontractors List**

Job Address: \_\_\_\_\_ Permit No: \_\_\_\_\_

I acknowledge receipt of this document concerning the project referenced above. I understand that it is to be completed and verified by the Department of Building and Safety prior to scheduling final inspection.

\_\_\_\_\_  
 Owner/Applicant

Type of Work	Firm Name	Address				State License	City License
C-08 Cement							
C-10 Electrical Wiring							
C-12 Excavating							
C-13 Fencing							
C-29 Masonry							
C-35 Plastering							
C-36 Plumbing							
C-50 Reinforcing Steel							
C-53 Swimming Pool							
C-54 Tile, Ceramic							
<b>C-61 Ltd. Specialties:</b>							
G-06 Gunite							

I certify that to the best of my knowledge the subcontractor information provided herein is true and correct. I acknowledge that I have agreed to supply the Department of Building and Safety with the names and addresses of all subcontractors for the construction project herein referenced. I also acknowledge that if I fail to supply the names and addresses of said contractors and/or said subcontractors fail to obtain a City business license, final inspection of the project will not be scheduled.

General Contractor: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

State License No: \_\_\_\_\_ City License No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**APPLICATION FOR POOL PERMIT**

**Pool Excavation Disposal Plan**

**Pool Location**

Address: \_\_\_\_\_  
Tract: \_\_\_\_\_ Lot: \_\_\_\_\_ APN: \_\_\_\_\_  
Owner: \_\_\_\_\_ Contact No: \_\_\_\_\_  
Date of Excavation: \_\_\_\_\_

Type of Material to be Removed:                      Dirt       Grass       Concrete   
Other \_\_\_\_\_

**Contractor Information**

Contractor: \_\_\_\_\_ Contact No: \_\_\_\_\_  
Address: \_\_\_\_\_  
City of Adelanto Business License No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Clean Fill Dirt Location**

I, (Please Print) \_\_\_\_\_, as the property owner at \_\_\_\_\_  
APN: \_\_\_\_\_  
hereby authorize clean fill dirt in the amount of \_\_\_\_\_ yards to be dumped on this property.  
Contact No: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Grass/Concrete/Other Location**

I, (Please Print) \_\_\_\_\_, as the property owner at \_\_\_\_\_  
APN: \_\_\_\_\_  
hereby authorize grass/concrete/other in the amount of \_\_\_\_\_ yards to be dumped on this property.  
Contact No: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY:

Verified and approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Permit Number: \_\_\_\_\_ Notes: \_\_\_\_\_



