



SWIMMING POOL PERMIT APPLICATION

Street Address: _____

Owner's Name: _____ Phone: (____) _____

Email: _____

Contractor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

General Contractor License # _____ CONTRACT JOB COST \$ _____

All Connections to sewer or septic must be installed by a Licensed Plumber. All Electrical installations will require a separate electrical permit by a Certified Electrician. All plumbing and electrical contractors are required to have a current city business license with proper permits prior to pool permit.

Signatures

By signing this application, I hereby certify that all information herein is true and correct and I agree to be personally responsible to the City of Alabaster for any and all code violations and code enforcement actions associated with this building application and the construction contemplated herein, whether such actions or inactions were performed by me, my company, employees, contractors or sub contractors.

Name (print): _____ Signature: _____ Date: _____

OFFICE USE ONLY

Zoning Approval

Zoning Coordinator

Plan Review Fee \$ 25.00

Permit Fee \$ _____

Issuance Fee \$ 50.00

Permit # _____ Report code _____ Total Permit Cost \$ _____

Customer Service Survey

Alabaster Fire Department Planning and Safety Division

Your input as a customer is very important and valuable to our department. To help us provide the highest level of customer service, we would appreciate your comments regarding our performance. Please take a moment to fill out this customer service survey and let us know how we are doing.

1. My contact with the Planning and Safety Division involved:

- Building Code
 Permit Application
 Inspection
 Plans Review
 Other _____

2. Type of contact:

- In person with an appointment
 In person without an appointment
 Email
 Telephone
 Fax/Mail

3. Please mark your responses:

	Strongly Agree	Agree	Disagree	Strongly Disagree
Staff was available to assist me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff displayed a positive attitude.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff responded to my concerns in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff provided clear and concise information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff was helpful, knowledgeable and professional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Overall, how would you rate the level of assistance you received from the Planning and Safety Division?

Excellent _____ Good _____ Fair _____ Poor _____

5. Comments or Suggestions:

Thank you for your input. You may print this form and drop it off or mail to: **Alabaster Fire**

Department-Planning and Safety Division, 1953 Municipal Way, Alabaster, AL 35007.