



POOL APPLICATION FOR PLAN EXAMINATION

Application Number _____

Date Approved _____ By _____

OKIE 14-Digit Ticket Number _____

Construction Address _____ Zoning _____ County _____

Subdivision _____ Lot ___ Block ___ Section ___ Township ___ Range ___

Permit Type <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	
Proposed Location <input type="checkbox"/> In Ground <input type="checkbox"/> Above Ground	
Requirements See manual of fees for permit cost + OUBCC + \$2.00 data retention fee (1) 8 1/2" x 11" Site/plot plan showing location of pool project Call 1-800-522-6543 for utility line locations All contractors <u>must</u> be registered with the City of Broken Arrow	
Pool Data Filter Type <input type="checkbox"/> Sand Filter <input type="checkbox"/> Cartridge Filter Deck <input type="checkbox"/> Wood <input type="checkbox"/> Concrete Total Cost of Pool (including electric, plumbing, gas) \$ _____	Heating <input type="checkbox"/> None <input type="checkbox"/> Electric <input type="checkbox"/> Gas
Contractor Names General _____ Phone # _____ Electrical _____ Phone # _____ Plumbing _____ Phone # _____ Gas _____ Phone # _____	
Authorization <i>I hereby certify that the proposed work is authorized by the owner of record.</i> Owner/Lessee _____ Phone # _____ Fax # _____ Address _____ City, State, Zip _____ Cell Phone # _____ Email _____ Owner Signature _____ Date _____	
<i>I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws and jurisdiction.</i> Applicant _____ Phone # _____ Fax # _____ Address _____ City, State, Zip _____ Cell Phone # _____ Email _____ Applicant Signature _____ Date _____ PLEASE CALL _____ WHEN PERMIT IS READY FOR PICK UP Phone# _____	
Restrictions -Site/plot plan must show lot lines, buildings, pool location, setbacks, easements and access points for emergency vehicles. -Minimum fence height of 4 feet with self-latching gate.	