

**GEORGETOWN COUNTY  
DEPARTMENT OF PLANNING & DEVELOPMENT  
BUILDING DIVISION**

129 Screven Street  
PO Drawer 421270  
Georgetown, SC 29442  
Office #: (843) 545-3116  
Fax #: (843) 545-3296  
Email: bldpermits@gtcounty.org

**SWIMMING POOL & SPA PERMIT APPLICATION**

\* Denotes Required Field

DATE RECEIVED: \_\_\_\_\_ \* APPLICANT'S NAME: \_\_\_\_\_ PERMIT #: \_\_\_\_\_

* Street Address:	Section of County/Subdivision:	
Tax Map #:	Lot #:	Block #:
<b>OWNER INFORMATION</b>		
* Name:	* Phone:	
* Address:	* Email:	
<b>CONTRACTOR INFORMATION</b>		
* Name:	* Phone:	
Address:	* SC License #:	
* Email:	* County Registration #:	
<b>ARCHITECT/ENGINEER INFORMATION</b>	<b>ELECTRICAL CONTRACTOR INFORMATION</b>	
Architect/Engineer:	*Electrical Contractor:	
Phone:	*Phone:	
Email:	*County Registration #:	
<b>WORK DESCRIPTION</b>		
* Proposed Use: (Residential or Commercial)	* Value of Construction:	
* Description of Pool / Spa: (Dimensions, Shape, Etc.)		
Construction Type: ( ) Concrete ( ) Fiberglass ( ) Other	Deck Finish: ( ) Concrete ( ) Pavers ( ) Wood	

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>		
Zoning: _____	Setbacks: Front: _____ Sides L: _____ R: _____	Rear: _____ Overall structure height: _____
Flood Zone: _____ BFE: _____ DFE: _____	3-PARTY MEMO: _____ ELEVATION CERTIFICATE: _____	
Commercial Construction Only: Type of Construction: _____ Occupancy Classification: _____		
Clerk's Initials: _____	Zoning Initials: _____	Plan Review Initials: _____