

City of Andover
1609 E Central Ave
Andover, KS 67002



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CITY OF ANDOVER
SWIMMING POOL PERMIT APPLICATION

PROJECT ADDRESS _____

OWNER NAME & PHONE _____

CONTRACTOR NAME _____

BUSINESS ADDRESS _____

BUSINESS PHONE _____ CELL PHONE _____

VALUATION \$ _____ SUBCONTRACTOR(S) _____

DESCRIPTION OF WORK _____

A plot plan providing dimensions, and indicating the placement of the swimming pool is required to accompany this application.

PERMIT APPROVAL REQUIRED BEFORE STARTING ANY WORK

I/we, the undersigned hereby certify and know that I/we have examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complies with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

The QUALIFIED PERSON must always sign.

(Print) Name of Contractor

Signature of Contractor Date

(Print) Name of Owner

Signature of Owner Date