



**POOL /HOT TUB BLDG PERMIT APPLICATION**

8811 CAMPUS DR, MT PLEASANT, WI 53406  
PH 262-664-7800 FAX 262-664-7801  
www.mtpleasantwi.gov

DATE ISSUED \_\_\_\_\_

PERMIT # **B** \_\_\_\_\_

JOB SITE ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

PERMIT APPLICANT: \_\_OWNER \_\_CONTRACTOR (check one) (If applicant is Owner then also sign Cautionary Statement)

DESCRIPTION: \_\_ABOVE GROUND \_\_IN GROUND\_\_ OUT DOORS \_\_IN DOORS (Check One) Pool Size \_\_\_\_\_

PROJECT TOTAL COST \$ \_\_\_\_\_

- INCLUDE POOL PLANS OR BROCHURE/INFORMATION WITH ALL PERTINENT DIMENSIONS
- INCLUDE A SITE PLAN OR SURVEY PLAT INDICATING LOCATION OF POOL/ HOT TUB
- CONTACT MT PLEASANT PLANNING/ZONING DEPT REGARDING SETBACK REQUIREMENTS
- VERIFY UNDERGROUND/OVERHEAD ELECTRIC SERVICES ARE CLEAR OF THE POOL OR HOT TUB PER CODE
- AN ELECTRICAL PERMIT IS REQUIRED\_ WIRING MUST COMPLY WITH NEC ARTICLE 680

**Hot Tubs: \$90.00**

**Pools: Above Ground: \$90.00**

**Pools: In Ground: \$385.00**

\*\*\*\*\*

COMPANY NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_ DATE \_\_\_\_\_

BUILDING INSPECTOR \_\_\_\_\_ DATE \_\_\_\_\_

ZONING APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with Ordinances of the Village of Mount Pleasant and State of Wisconsin laws regulating the construction of buildings and to observe and maintain the legal requirements as provided by the Village of Mount Pleasant Zoning Ordinance.