



**COMMUNITY DEVELOPMENT DEPARTMENT
PERMIT & INSPECTION DIVISION**
3600 Kirchoff Road Rolling Meadows IL 60008
(847) 506-6030 www.cityrm.org

SWIMMING POOL, SPA OR HOT TUB PERMIT

Property Address: _____ Zoning: _____

Owner's Name: _____

Real Estate Tax #: _____ Owner's Phone: _____

Contractor's Name: _____

Contractor's Address: _____

Contractor's Phone: _____

Contractor's Signature: _____

SPECIFICATIONS

Spa Hot Tub Above Ground Pool In-Ground Pool Valuation: \$ _____

Private Public Pool Surface Area: _____ Capacity (U.S. Gallons): _____

Pool Depth: _____ Diameter: _____ Width: _____ Length: _____

Describe the protective enclosure: _____

Having submitted plans and specifications, I hereby apply to the Community Development of the City of Rolling Meadows, IL for a permit. If this permit is granted, I will comply with all ordinances relating to the permit and pay all required fees. I will submit the work to the required inspections and prohibit the occupancy of any space until a Certificate of Occupancy has been obtained from the Community Development Department. No error or omission in either application or plans, whether said application or plans have been approved by the Community Development Department or not, shall permit or relieve the applicant from constructing the work in any manner than that provided for in the ordinances of the City relating thereto.

Applicant's Signature If agent for the owner, I certify that I am duly authorized to apply on owner's behalf. Date

Permit Authorized by Date

Comments: _____

Fee: \$ _____ Project #: _____ Permit #: _____