



Tulsa County Inspections
 218 W 6th ST, SUITE 210, Tulsa, OK, 74119
Inspection Line: 918-596-5293

Swimming Pool Permit Application

For Office Use Only:

Permit # _____

Rec'd _____

Zoning _____ FZ _____

Firm Panel # _____ FDP Req'd _____

All applications must be completed in full, including all required supporting documentation. Review time starts when all required documentation is received.

Required Documentation:

- Site/Plot plan showing the location of the proposed pool along with all other structures on the lot. Distances to property lines and all other structures must be shown. Be sure to include pool barrier lines.
- Construction plans for the pool (i.e., Rebar details, special features, spec sheet, special equipment to be used)

CONSTRUCTION ADDRESS _____

Number/Street

City

Zip Code

Unplatted _____ Subdivision _____ Lot _____ Block _____

Lot Size _____ Acres/SQ FT Section _____ Township _____ Range _____

Permit Type: Residential Pool Commercial Pool Public Pool Above-Ground In-Ground Remodel

Material Type: Gunite Vinyl Fiberglass Other: _____

Project Details: Length: _____ Width: _____ Depth: _____

Does it require: Electrical Work Yes No

Mechanical Work Yes No

Estimated Project Cost: _____ Overall Acreage: _____

Start Date: _____ Completion Date: _____

Pool Contractor _____ Phone Number _____

Email _____

Trade	Company Name	Phone Number
Electrical Contractor		
Mechanical Contractor		
Plumbing Contractor		

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as an authorized agent and I (we) agree to conform to all applicable laws and regulations. I am acknowledging by my signature on this document, I have read and understand the information packet provided and will abide by Tulsa County Zoning, Construction and Inspection regulations set forth and grant the building official and all designees the authority to enter areas covered by the permit.

Owner or Lessee Name (Print) _____ Address _____ City _____ Zip Code _____ Phone Number _____

Applicant (Print) _____ Address _____ City _____ Zip Code _____ Phone Number _____

Applicant (Signature) _____ Date _____

ALL FEES ARE NON-REFUNDABLE
CMF-20231527