Town of Kernersville
Development Services Division

(336) 996-7166 (office)
(336) 996-6178 (fax)
permitandenforcement@toknc.com
www.toknc.com

Residential Pool Application

Office Use - Application 14

Permit #: _____

Fees Due: _____

Fees Paid: _____

Date _____

Permit Type _____

Project Street Address_____

Property Owner Name _____

Address _____
City _____ **State** _____ **Zip** _____ **Phone** _____

Contractor _____
Address_____
City _____ **State** _____ **Zip** _____
Phone_____
NC Contractor License # _____

Electrician Name_____
NC Contractor License # _____

Pool Type: **In Ground:** ____ **Above Ground:** ____ **Other:** _____

Dimensions: **Width:** _____ **Length:** _____ **Depth:** _____ **Height:** _____

Setbacks: Front: _____ **Rear:** _____ **L Side:** _____ **R Side:** _____ **(measure from property line)**

Decking Height: _____ **Width:** _____ **Fence Height:** _____

Self-Latching Gate: **REQUIRED** **Fence Type:** _____ **(chain link, stockade)**

Sewer System: Public: _____ **Septic:** _____ **(if septic tank, a Health Dept. permit is required)**

Electrical Service Size: _____ **AMPS** **Electrician:** _____ **NCEC#:** _____

Total project cost: **(pool, pumps, excavating, accessories, pool house, etc)** **$**_____

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NOTICE: This permit becomes null and void if work or construction authorized is not commenced **within 6 months** or if construction or work is suspended or abandoned for a period of 6 months at any time after work is started.

I hereby certify that I have read and examined this document and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. 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.

Signature of Applicant _____ **Date** _____

Contact Name/Phone for Payment_____

Building Approval ___ Yes ___ No **Initials** _____ **Date** _____

Zoning Approval ___ Yes ___ No **Initials** _____ **Date** _____