

CHEROKEE COUNTY Building Safety



Building Safety 110 Railroad Ave.

110 Railroad Ave. Gaffney, SC 29340 Office 864-487-2561 Fax 864-902-1100

SWIMMING POOL PERMIT APPLICATION

			Permit #
	<u>Owner In</u>	nformation	
Name:			
Address:			
City:	State:	_ Zip:	
Phone	Er	nail:	
Tax Map Number:			
	<u>C</u>	ontractor	
Name:			
Address:			
City:	State:	_ Zip:	
Phone	Em	nail:	
License Number:		_ Expiration	n Date:
□ Commercial (Need S Pool Type: □ Ingro	-		al
Pool Size:	Height/Depth	of Pool:	
Description of Fence:			
Any pool 24 inches or high with a self-closing		epth must be bord	dered by a fence at least 48 inches
Is the house part of the Yes No		e? (If yes, install	the correct alarm system)
Neighborhood Covena Yes No(2	ent or HOA on thi Applicant to comp		gulations)
Setback requirements	for pools shall be	the same as tho	ose for accessory structures
Fence Affidavit mus attached to permit ap	<u> </u>	tarized (by a	South Carolina Notary), and
Project Cost			
Permit Cost	Check	Cash	CC Type
			mation is true and correct. The d Federal laws and ordinances.



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RESIDENTIAL POOL FENCE AFFIDAVIT

As the owner of the property located at ______ in the County of Cherokee, I am aware of the requirements for the enclosure of a pool.

I take full responsibility, as the property owner, for ensuring that the pool fence or barrier is installed around the Pool during and after construction; Also, that the pool will not be filled with water until either a temporary fence or barrier is installed around the pool.

I further agree and acknowledge that a Final Inspection will not be made by the County of Cherokee Building Codes Office until the installation of a permanent fence is installed around such pool.

Owner(s) Name		Owner(s) Phone Number	
Owner(s) Signature		Date	
State of South Carolina			
County of Cherokee			
The foregoing instrument was acknowledged be	efore me this date		
Ву		(name of person acknowledge	d).
Sworn and subscribed before me this	day of	, 20	
(Se	al)		
Notary Public of South Carolina			
My Commission Expires			