



TOWN OF SUPERIOR
199 N LOBB AVE, SUPERIOR, AZ 85173/520-689-5752

Standard Plan #

POOL/SPA PERMIT

Permit :
Date:

JOB/STREET ADDRESS:

PARCEL #

PROPERTY OWNER (S)

ADDRESS

CITY/STATE/ZIP PHONE#

BUILDER/CONTRACTOR

ADDRESS

CITY/STATE/ZIP PHONE

LICENSE/CLASS#

ESTIMATED VALUE OF POOL

SQUARE FOOTAGE OF SURFACE AREA

POOL SETBACKS: FRONT LEFT RIGHT REAR

POOL HEATER: Check one: YES NO HEATER TYPE: check if applicable: ELEC GAS LPG

UTILITY COMPANY (check one):

SWG SRP APS

SIZE OF GAS LINE: LENGTH OF RUN: SIZE & TYPE OF PIPE: BTU'S:

EXISTING USE:

PROPOSED USE:

CONTACT PERSON (WHO DO WE CONTACT WHEN PERMIT IS READY FOR PICKUP)

NAME PHONE

EMAIL

I UNDERSTAND THAT APPROVAL OF THIS APPLICATION DOES NOT GUARANTEE APPROVAL OF THE ACTUAL CONSTRUCTION. I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION AND ALL RELATED SUBMITTALS ARE TRUE AND CORRECT.

PRINT NAME PLEASE

SIGNATURE OF OWNER/ AGENT

DATE

*****FOR OFFICIAL USE ONLY*****

PERMIT FEE:

SUBMITTAL FEE:

PLAN REVIEW FEE:

ZONING FEE:

INSPECTION FEE:

PRINTING/MISC FEE:

ECD:

TOTAL FEE:



TOWN OF SUPERIOR

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(Incomplete applications will not be accepted)

PROPERTY OWNER AUTHORIZATION FORM

I (property owner) _____

hereby authorize (owner's agent) _____

To make application to Town of Superior for the following (description of work):

Assessor Parcel Number: _____

Physical Address: _____

City/Town: _____ State: AZ Zip: _____

By signing this Form, I acknowledge and agree that I am not released from responsibility for: (1) the payment of any and all fees associated with the issuance of any permits, orders, notices or other approvals ("Approvals") by Town of Superior pursuant to my agent's application; (2) the satisfactory completion of all work authorized by such Approvals in compliance with all applicable county, state and federal laws, codes, rules, regulations and requirements; and (3) correcting any violations of the terms and conditions of such Approvals issued by Town of Superior pursuant to my agent's application.

Property Owner: _____

Phone Number: _____

By (signature): _____

Email: _____

Name: _____

Date: _____