

PARISH OF ASCENSION

BUILDING DEPARTMENT



Swimming Pool and Spa Permit Application

Please provide ALL information below for review. This document will not be accepted if not completed.

Designation

Residential ___ Commercial ___

Project Location

Municipal Address: _____

State, Zip: _____ Unit #: _____ Subdivision: _____

Swimming Pool Contractor/Applicant Information

Name: _____ Phone: _____

Municipal Address: _____

State, Zip: _____

State License Number: _____

Property Owner

Name: _____ Phone: _____

Email: _____

Required Submittals

1. Swimming Pool Permit Application
2. Signed Contract
3. Active Parish License Registration
4. Construction Documents

Signature: _____

I am the authorized agent/ owner of subject property. I have read and understood the above stipulations and I agree to comply with all standards as required by the codes and regulations as set forth in local and state law.