

(Date Stamp)

Master #: _____

Request to Master
Residential Pool Plan

****Contractor to submit 2 complete sets of plans for initial review.**

Contractor Name: _____

License Holders Name: _____

License Number: _____

Contact person: _____

Contact phone number: _____

Person submitting: _____

Signature: _____

Ret Wall

Negative Edge

Paver Deck

Fiberglass

Concrete

Spa/Fountain

CSR: _____

Office use only:

Approved Date: _____ __ Building __ Zoning Approved by: _____

Rejected Date: _____ __ Building __ Zoning Rejected by: _____

If Rejected:

Resubmit Date: _____ Time: _____ Taken in by CSR: _____

Notes: _____

Released by: _____

Date: _____

Issued by: _____

Date: _____