



Permit Application
Swimming Pool
 Inspection Division
 1528 Third Avenue, Rock Island, Illinois 61201
 Phone: (309) 732-2910 · Fax: (309) 732-2930
 Email: Inspection@rigov.org

FOR OFFICE USE ONLY	
Permit No	Permit Fee
	\$ _____
Zoning Authorization Signature: _____	
X _____	
Date of Authorization: _____	
Building Official Authorization Signature: _____	
X _____	
Date of Authorization: _____	

Section 1 PROJECT INFORMATION

1 FAMILY 2 FAMILY OTHER RESIDENTIAL NON-RESIDENTIAL

Project Address: _____

Owner Name: _____
Required only if Applicant is contractor or property agent

Owner Phone: _____

Section 2 VALUATION

Estimated Total Cost

\$ _____

Section 3 PROJECT DETAILS

Pool Shape _____

Pool Dimensions _____

Pool Depth _____

Pool Type Above Ground In-Ground

Check All That Apply Below:

Heater Pump Fence _____ ft

Self Closing Gate

Check Either Applicable Below (Required):

Removable Ladder Locking Ladder

ALL POOL EQUIPMENT MUST BE GFI PROTECTED. IF GFI OUTLET IS NOT AVAILABLE, THEN ONE MUST BE INSTALLED IN COMPLIANCE WITH ALL ELECTRICAL CODES AND ORDINANCES yV) -k h-kU @.



Provide site plan with pool location and setbacks above

The RI zoning ordinance regulates above ground swimming pools having a depth of more than 30 inches. These pools have the same setback requirements as accessory structures (e.g. detached garages). Accessory structures (more than 30" in depth swimming pools) cannot be located in a front yard. Lots at a corner have two front yards (yard adjacent to the street and also the yard adjacent to the avenue). In a rear yard location there is a three foot setback from neighboring property lines, a six foot setback from an alley property line and a separation of six feet from any other structure on the subject property. In a side yard location, there is the same six foot separation from any other structure on the subject property, but the side yard setback varies depending on the zoning district the property is located in (range is from six to 12 feet).

Section 4 APPLICANT INFORMATION

ALL WORK MUST CONFORM TO THE CODES OF THE CITY OF ROCK ISLAND

I hereby certify that I have the authority to make the forgoing application, that the information given is correct, and that all construction will comply with the International Codes and applicable ordinances of the City of Rock Island. I also understand that it is my responsibility to contact the Inspection Division for applicable Inspections when work is completed.

Applicant Type (check one): Applicant/Company Name: _____

Contractor
 (Registered with City of Rock Island) Applicant/Company Address: _____

Property Owner
 (Owner of Legal Record) _____

Authorized Agent
 (Written authorization from legal owner) Applicant/Company Phone Number: _____

Applicant Signature: X _____ Date: _____