

**CALHOUN COUNTY  
SWIMMING POOL PERMIT**

Permit Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

Job Cost: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Owners Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tax Map Number: \_\_\_\_\_

Contractor: \_\_\_\_\_ License Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Building & Planning Signature

***All pools must meet the state of South Carolina Requirements.  
THIS PERMIT EXPIRES SIX (6) MONTHS AFTER THE DATE OF ISSUANCE  
OR 6 MONTHS FROM THE LAST INSPECTION DATE.***