

Application # _____

Special Flood Hazard Area: Yes ___ No ___

Craven County Inspections Department
2824 Neuse Boulevard
New Bern, NC 28562
(252) 636-4987, Fax (252) 636-4984

www.cravencountync.gov

Craven County



SWIMMING POOL PERMIT APPLICATION

Date: _____

PERMIT FEE: \$ _____

APPLICANT/CONTRACTOR:

Name: _____ *Contractor License (if applicable) #: _____

Address: _____

Phone: _____ Cell Phone: _____

Email: _____

PROPERTY OWNER:

Name: _____ Address: _____

City: _____ Phone: _____ Parcel I.D. # ____ - ____ - ____

JOB INFORMATION:

Job Site Address: _____

Directions: _____

Type of Swimming Pool Permit: Residential: ____ Commercial: ____

Estimated Project Value: _____

Pool Barrier Contractor: _____

Electrical Contractor: _____

Plumbing Contractor: _____

Electrical Contractor: _____

Power Provider: _____

Other (please explain): _____

Applicant/Owner Signature: _____ Date: _____