

EDGEFIELD COUNTY

# POOL PERMIT

DATE \_\_\_\_\_

OWNER \_\_\_\_\_ JOB ADDRESS \_\_\_\_\_

TAX MAP NUMBER \_\_\_\_\_ PHONE \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

PERMIT NUMBER \_\_\_\_\_ VALUATION \$ \_\_\_\_\_ AMOUNT \$25.00\_

APPLICANT \_\_\_\_\_ STAFF \_\_\_\_\_

ALL WORK SHALL BE IN ACCORDANCE WITH INTERNATIONAL CODES IN AFFECT

210 PENN STREET, EDGEFIELD, SC 29824  
PHONE 803-637-4073 FAX 803-637-4088