



265 S. Second Street
Robins, Iowa 52328
319-393-0588
www.cityofrobins.org

SWIMMING POOL/SPA PERMIT APPLICATION

Application Date: _____ Permit # _____

Property Address: _____

Property Owner: _____

Phone #: _____ E-mail Address: _____

Pool Dimensions: Depth: _____ Width: _____

Above Ground [] In-ground []

Electrical Requirements needed? Yes [] No []

What type of barrier will be used: _____

CONTRACTOR: _____

Address: _____

Phone #: _____ E-Mail: _____

License #: _____ Value of Project: \$ _____

Please see Swimming Pool Informational Sheet (attached)

This application and any permit issued to the applicant are subject to all Ordinances of the City of Robins that may be bearing on the project.

I hereby declare the above information is true and correct.

Applicant Signature: _____

Building Official

Zoning Official

Save completed form and any attachments needed. Email to Robinspermits@cityofrobins.org

**ALL WORK SHALL BE INSPECTED
Please call 319-393-0588 to schedule**