



**CITY OF KANNAPOLIS POOL FILL PERMIT**

Submit completed form via email to [water@kannapolisnc.gov](mailto:water@kannapolisnc.gov) , and include "Pool Filling Permit" in the subject line.

**Applicant Information**

Full Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

City Utility Account Number: \_\_\_\_\_

**Pool Details (check all that apply):**

- In-ground     Above-ground     Temporary
- Existing Pool     Repair to Existing Pool     Partial Filling     Complete Filling
- Other: \_\_\_\_\_

Estimated Volume (gallons): \_\_\_\_\_

**Estimated Filling Schedule**

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

**Level 2 Requirements:**

Newly constructed or drained pools shall be filled by permit only. Fill permits shall be issued by the director of public works, his or her designee, or the backflow administrator and issuance of the permits may be curtailed depending on the severity of the situation. *Ord. Sec. 17-38*

**Level 3 and Level 4 Requirements:**

Recreational use of potable water including filling of pools is prohibited. *Ord. Sec. 17-38*

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*Below for Internal Use Only*

Approved     Denied

Stage (0-4): \_\_\_\_\_ Reviewer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If approved, this permit is valid for 30-days from the date of issuance.**