CITY OF DINUBA BUILDING INSPECTION CONTRACTOR LIST FOR SWIMMING POOLS

An Owner/Builder must complete this form and return it to the City of Dinuba Building Division, along with the completed permit application and submittal documents.

Owner's Name				
Address	Phone#			
City, ZIP				
SUB- CONTRACTOR INFO. REQUIRED INFORMATION	<u>NAME</u>	ADDRESS (City, State, ZIP)	PHONE NUMBER	STATE LICENSE
PLUMBING				
ELECTRICAL				
GUNITE				
EXCAVATION				
STEEL (TIE)				
CONCRETE/DECKING				
PLASTERING				
TILE				
I certify that I have read this appl property for inspection. I agree to	ication and state that the above information is o comply with all the City ordinances and Sta	s true and correct. I hereby authorize representatives of this City to the laws relating to building construction.	o enter upon the above menti	ioned
Homeowner's printe	d name:			
Homeowner's signat	ure:			
Date:				