



SWIMMING POOL, SPA, HOT TUB PERMIT APPLICATION COMMUNITY SERVICES

OFFICE PHONE – 972/744-4180 • INSPECTION REQUEST – 972/744-4181 • FAX – 972/744-5802

PROJECT ADDRESS _____

OWNER OF PROPERTY	MAILING ADDRESS	CITY	STATE	ZIP	PHONE #
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CONTRACTOR	MAILING ADDRESS	CITY	STATE	ZIP	PHONE #
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TWO COPIES OF PLANS ARE REQUIRED WITH ONCOR'S APPROVAL

TYPE OF POOL: GUNITE FIBERGLASS VINYL SPA HOT TUB BELOW GROUND ABOVE GROUND
 BACKWASH TO P-TRAP? YES NO DRAIN TO TWO-WAY CLEANOUT? YES NO
 POOL HEATER? YES NO GAS ELECTRIC

POOL AREA	SQ. FT.	FILTER TYPE
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IS PROPERTY AN INTERIOR LOT OR CORNER LOT ?
 DISTANCE TO: HOUSE _____ FT.; RIGHT SIDE YARD _____ FT.; LEFT SIDE YARD _____ FT.; REAR YARD _____ FT.
 ELECTRICAL SERVICE: OVERHEAD UNDERGROUND LOCATED AND CLEAR OF EXCAVATION? YES NO

FENCE TYPE _____ AND HEIGHT _____ FT.; GATES SELF-CLOSING AND SELF-LATCHING YES NO

I ACKNOWLEDGE BEING INFORMED OF THE HOME IMPROVEMENT INCENTIVE PROGRAM AND UNDERSTAND THAT THE IMPROVEMENTS AUTHORIZED BY THIS PERMIT MAY QUALIFY FOR SAID PROGRAM.

LOCATION WHERE POOL EXCAVATION MATERIAL WILL BE DISPOSED: _____

NOTE: IT IS A VIOLATION OF CHAPTER 28, SECTION 28.03 OF STATE OF TEXAS STATUTES TO ILLEGALLY DISPOSE OF MATERIAL UPON PUBLIC OR PRIVATE PROPERTY WITHOUT EFFECTIVE CONSENT OF THE OWNERS. VIOLATORS ARE SUBJECT TO ARREST AND PROSECUTION.

TOTAL VALUE OF INSTALLATION INCLUDED IN THIS PERMIT \$ _____
 (ALL LABOR, MATERIALS, PLUMBING, AND ELECTRICAL)

THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY STATE OR LOCAL LAW REGULATING CONSTRUCTION. THIS PERMIT BECOMES NULL AND VOID IF THE AUTHORIZED WORK OR CONSTRUCTION IS NOT COMMENCED, IS SUSPENDED OR ABANDONED AFTER WORK IS COMMENCED, OR IF NO INSPECTIONS ARE OBTAINED WITHIN A 6 MONTH PERIOD. ALL PERMITS REQUIRE FINAL INSPECTIONS. I AGREE TO ABIDE BY ALL LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WHETHER HEREIN SPECIFIED OR NOT. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT.

APPLICANT'S NAME (PLEASE PRINT)	COMPANY TITLE
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APPLICANT'S SIGNATURE: _____

EMAIL ADDRESS: _____

ZONING _____ APPLICATION TYPE POOL MR MC DATE CHECKED _____ CHECKED BY _____
 B E P L NO CHARGE PERMIT APPLICATION # _____
 DATE _____ AMOUNT \$ _____ RECEIPT # _____ CASH / CK # _____ BY _____