



**RESIDENTIAL or COMMERCIAL
 SWIMMING POOL & SPA APPLICATION**

IN GROUND POOL ABOVE GROUND POOL SPA

Project Address (Location of pool): _____

Project Valuation: \$ _____

NUMBER STREET

Property Owner: _____ Phone: _____

Pool Company: _____ Contact Name: _____

Address: _____

NUMBER STREET CITY STATE ZIP

Phone: _____ (notification of permit approval or inspector contact)

Email: _____ (For permit process updates, contractor meetings, code changes, newsletters)

REQUIRED APPLICANT DOCUMENTATION CHECKLIST: (See Customer Assistance Bulletins)

RESIDENTIAL <i>See CAB #8 – 2009 IRC Chapter 42 Appendix G 101</i>	√ CHECK YES	√ CHECK NO	COMMERCIAL <i>See CAB #18 - WMC Code Title VIII Chapter 14 - TAC Sections 265.181--265.207</i>	√ CHECK REQUIRED
(2) Copies Site Plan/Survey			(4) Copies Site Plan/Survey	
(2) Copies Pool Construction Details (If available)			(4) Copies of Engineer's Design (Required)	
Accessibility Protection-Fence			Accessibility Protection-Fence	
Electrical / Plumbing Contractors Acknowledgement Form			Electrical / Plumbing Contractors Acknowledgement Form	
Discharge to Sanitary Sewer (Will be P-trapped)			Discharge to Sanitary Sewer (Will be P-trapped)	
FILTERED – Closed System No Discharge to Atmosphere			FILTERED – Closed System No Discharge to Atmosphere	

******REQUIRED******

Equipment/Material	Nat Gas √	Elect √	LPG √	Size	H.P.	KW	Watts
Pumps(s) # _____							
Pool Heater							
Lights							
Spa Heater							

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law, ordinance, or regulation. **The issuance of a permit neither exempts nor modifies any covenants, deed restrictions, city ordinances and/or state or federal laws, whether herein specified or not.**

APPLICANT _____ DATE: _____



CONTRACTOR ACKNOWLEDGEMENTS

ONLY individual contractors should complete this form & MUST BE SIGNED by the **MASTER LICENSE** HOLDER.

Construction address: _____

General Contractor/Builder: _____ Cell # _____

GC/Builders Address: _____ Office Phone: _____

MASTER ELECTRICIAN'S STATEMENT

I, _____, do acknowledge that **I will be doing the electrical work** for the
(print name)
construction at the above stated address. I further acknowledge that the above stated contractor will be
obtaining the electric permit for this project.

(date) (signature) (license # and expiration date)

(Company name, address & phone number)

MASTER PLUMBER'S STATEMENT

I, _____, do acknowledge that **I will be doing the plumbing work** for the
(print name)
construction at the above stated address. I further acknowledge that the above stated contractor will be
obtaining the plumbing permit for this project.

(date) (signature) (license # and expiration date)

(company name, address & phone number)

MECHANICAL/HVAC STATEMENT

I, _____, do acknowledge that **I will be doing the mechanical/HVAC work**
(print name)

for the construction at the above stated address. I further acknowledge that the above stated contractor will
be obtaining the mechanical permit for this project.

(date) (signature) (license # and expiration date)

(company name, address & phone number)