SWIMMING POOL/SPA PERMIT APPLICATION

Application Number: _____

Project Address: _____

Property Owner: _____(_____)_____
(name) (address) (phone)

Subdivision:_____ Block:_____Lot:_____

Contractor	Address:	City, State, Zip	Phone
Pool:			
Electric:			
Plumbing:			
Excavator:			

TYPE OF WORK - *Please Choose One:* ❒ Pool/Spa Combination ❒ Pool-Inground ❒ Spa Only ❒ Pool-Above Ground

Valuation of Work: $_____ Square Footage:_____

Heater: YES / NO **Gas:** YES* / NO If yes: LP/Natural **P-Trap:** YES / NO **Re-route:** YES / NO

Diving Board: YES / NO

Filter Type: ❒ DE ❒ Cartridge ❒ Sand

Pool Barrier Type: ❒ Door Alarms ❒ Fence ❒ Self Closing/Latching Doors

Septic System on Property: YES * / NO
If YES, site plan and pool plan submittal requires stamped approval from Collin County Development Services (CCDS). For more information, please contact CCDS at (972) 424-1460 Ext. 5585.

Deck encroaching into drainage easement shall not be a structural element of the pool structure.

Fences surrounding pools require separate permits and are subject to special requirements (refer to Appendix G, Section AG105, 2000 IBC).

AN ISSUED PERMIT BECOMES INVALID IF THE WORK ON THE SITE AUTHORIZED BY THE PERMIT DOES NOT COMMENCE WITHIN 180 DAYS OF ISSUANCE, OR IF THE WORK ON THE SITE IS INCOMPLETE DUE TO SUSPENSION OR ABANDONMENT 180 DAYS AFTER THE WORK COMMMENCED.
ALL PERMITS REQUIRE FINAL INSPECTION.

I HEREBY CERTIFY THAT I AM AN AUTHORIZED AGENT OF THE OWNER, AND HAVE THE OWNER'S CONSENT TO ENTER ONTO THE PROPERTY TO COMPLETE THE WORK. AFTER CLOSE REVIEW OF THIS APPLICATION, I FURTHER CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THE WORK SHALL COMPLY WITH ALL PROVISIONS OF LAWS AND ORDINANCES, WHETHER SPECIFIED OR NOT. THE GRANT OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY FEDERAL, STATE, OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Signature of Applicant:_____ Date: _____

Contact Name:_____ Phone: _____
(please print)

Email Address: _____ Fax Number: _____

**********Office use only**********

Comments: _____
_____

Permit Technician Approval:_____ Date: _____

Plans Examiner Approval:_____ Date:_____

Permit Received By: X_____ Date:_____

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