



6800 Main Street, The Colony, TX 75056  
Phone 972-624-3158

# Swimming Pool / Spa / Splash Zone Permit Application

Permit #:	_____		Date:	_____	
Disk Provided:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Electric:	<input type="checkbox"/> Reg	<input type="checkbox"/> Not Reg	<input type="checkbox"/> Lic exp		
Plumbing	<input type="checkbox"/> Reg	<input type="checkbox"/> Not Reg	<input type="checkbox"/> Lic exp		
General:	<input type="checkbox"/> Rea	<input type="checkbox"/> Not Rea	<input type="checkbox"/> Lic exp		

**THIS APPLICATION IS FOR THE CONSTRUCTION OF COMMERCIAL OR RESIDENTIAL SWIMMING POOLS, SPAS AND SPLASH ZONES.**

*Incomplete application and/or submittal will delay the review process.*

*Three (3) full sets of plans AND an electronic .jpg or .tif formatted disk of the plans are required to be submitted with application.*

*If electronic version is not provided, archiving fees will be assessed.*

Pool     Spa     Splash Zone     **Commercial**     **Residential**     Heated     Unheated

Is the pool area fenced?     Yes     No    If yes, height \_\_\_\_\_    Type \_\_\_\_\_

Job Address: \_\_\_\_\_

Property Legal Description:    Subdivision: \_\_\_\_\_

Lot: \_\_\_\_\_    Block: \_\_\_\_\_    Lot Size: \_\_\_\_\_    **Total valuation of work:** \_\_\_\_\_

Description of work: \_\_\_\_\_

Setbacks: (measured from excavation perimeter)    Structures w/ foundations \_\_\_\_\_    Left Side \_\_\_\_\_  
Rear \_\_\_\_\_    Right Side \_\_\_\_\_

**Residential Only**

Please check one of the following informing us that you have designed the pool, spa and/or splash zone using the correct ANSI/NSPI standard:

- In ground pool only ANSI/NSPI-5
- Above ground pool only ANSI/NSPI-4
- Portable Spa
- In ground pool and spa ANSI/NSPI-3 and 5
- Permanent Spa ANSI/NSPI-3
- Splash Zone

**Contact person:**     Applicant     Property Owner     Contractor

Name of applicant \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**Property Owner**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Contractor**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Electric**

**Valuation of Electric Work:** \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Plumbing**

**Valuation of Plumbing Work:** \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Commercial swimming pool, spa or splash zone must also apply for a Health Permit prior to opening to the public and annually thereafter.**

*I hereby certify that I have the authority to make the necessary application; that all information in this application is correct and all work will comply with the most recently adopted International Building Codes and all other applicable state and local laws, ordinances, and regulations.*

Applicant / Agent Name (PRINT) \_\_\_\_\_

Applicant / Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

**COMPLETE BACK SIDE OF APPLICATION**



**Certification of House-Pool Protective Device Installation**

Existing Permit #: \_\_\_\_\_ Date: \_\_\_\_\_

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I certify that I am the homeowner at [address] \_\_\_\_\_ and that one of the following swimming pool protection devices have been/will be installed between all doors leading from the house and garage into the swimming pool area at or before the pool deck and bond inspection (initial one or both if provided).

\_\_\_\_ 1. The homeowner chooses not to use this form, I understand an inspector will need to enter the residence in order to verify the door alarm or self-latching device. Two or more failed inspections may result in re-inspection fees.

\_\_\_\_ 2. All doors with direct access to the pool are equipped with an alarm that sounds continuously for at least thirty (30) seconds, after the door and its screen, if present, are opened. It must be capable of providing audible warning level capable of being heard throughout the house during normal household activities. The alarm shall automatically reset under all conditions and be equipped with a manual means, such as a touch pad or switch, to temporarily deactivate the alarm for a single opening. Such deactivation shall last no longer than (15) seconds. The deactivation device shall be located at least 54 inches above the threshold of the door.

\_\_\_\_ 3. All doors leading into the pool area are equipped with self-closing self-latching devices. The self-latching device is installed a minimum of fifty-four (54) inches above the immediate floor. These devices shall be subject to approval by the City of The Colony Building Inspections Department.

Print name of homeowner \_\_\_\_\_

Signature of homeowner \_\_\_\_\_

THE STATE OF TEXAS            §  
  §  
COUNTY OF \_\_\_\_\_       §

BEFORE ME, the undersigned authority, a Notary Public in and for the State of Texas, on this day personally appeared [homeowner's name] \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Texas