

Application for Swimming Pool and Spa Permit

Building Inspections Department
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Permit Number:

Part 1. Project Location Information			
Project Address:			
Subdivision:		Block:	Lot:
Property Owner or Tenant Name:		Phone:	
		Email:	
Part 2. Description of Work			
<input type="checkbox"/> Pool/Spa Combination <input type="checkbox"/> Pool-Inground <input type="checkbox"/> Spa Only <input type="checkbox"/> Pool – Above Ground			
Square Footage: _____			Valuation of Work:
Heater <input type="checkbox"/> Yes <input type="checkbox"/> No	Gas <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> LP <input type="checkbox"/> Natural	P-Trap <input type="checkbox"/> Yes <input type="checkbox"/> No	Re-route <input type="checkbox"/> Yes <input type="checkbox"/> No
Diving Board <input type="checkbox"/> Yes <input type="checkbox"/> No	Septic System on Property <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, site pool plan submittal requires stamped approval from Collin County Development Services (CCDS). For more information, please contact CCDS at 972-424-1460 Ext.5585	
Filter Type: <input type="checkbox"/> DE <input type="checkbox"/> Cartridge <input type="checkbox"/> Sand	Pool Barrier Type: <input type="checkbox"/> Door Alarms <input type="checkbox"/> Fence <input type="checkbox"/> Self Closing/Latching Drs.		
Deck encroaching into drainage easement shall not be a structural element of the pool. Fences surrounding pools require separate permits and are subject to special requirements (refer to Appendix G, Sec. AG105 20012 IRC)			
Part 3. Contractor	Address	City/State/Zip	Phone
Pool:			
Electric:			
Plumbing:			
Excavator:			
<small>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 COMMENCED. ALL PERMITS REQUIRE FINAL INSPECTION.</small> 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.			
Date:	Your name (Printed): Signature:		
Email:	phone:	fax:	
COMMENTS:			
Permit Technician Approval:		Date:	
Plans Examiner Approval:		Date:	
Permit Received By:		Date:	