

SWIMMING POOL PERMIT APPLICATION

REV. 01/2023



P.O. BOX 220 McALLEN, TEXAS 78505-0220

PERMIT APPLICATION REFERENCE NUMBER _____

APPLICATION MUST BE COMPLETE

(Please type or print in black or blue ink)

GC Number _____

APPLICANT

NAME _____ PHONE _____ - _____ - _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 CONTACT: NAME: _____ PHONE _____
 OWNER CONTRACTOR TENANT OTHER _____

OWNER

NAME _____ PHONE _____
 ADDRESS _____ *EMAIL: _____
 CITY _____ STATE _____ ZIP _____
 *OWNER INFORMATION NOT PROVIDED, INITIAL: _____

NEW REMODELING REPAIR

SQ. FT. _____ NO. OF GALLONS _____ SQ. FT LOT _____ STRUCTURE VALUE \$ _____
 EXISTING USE OF LOT _____ NEW USE _____
 PLUMBING CONTRACTOR _____ ELECTRICAL CONTRACTOR _____

PROJECT

ENCLOSURE/BARRIER NEW _____ EXISTING _____ MATERIAL _____ HEIGHT _____

<p>POOL</p> <input type="checkbox"/> IN-GROUND <input type="checkbox"/> ABOVE-GROUND <input type="checkbox"/> HOT TUB/SPA <input type="checkbox"/> OTHER <input type="checkbox"/> _____	<p>DECKING</p> <input type="checkbox"/> COOL DECK <input type="checkbox"/> PAVERS <input type="checkbox"/> WOOD <input type="checkbox"/> CONCRETE <input type="checkbox"/> OTHER <input type="checkbox"/> _____	<p>ADDITIONAL FEATURES</p> <input type="checkbox"/> SLIDE <input type="checkbox"/> WATER FALL <input type="checkbox"/> POOL FIRE BOWL <input type="checkbox"/> HEATING SYSTEM <input type="checkbox"/> OTHER <input type="checkbox"/> _____
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LOT _____ BLOCK _____ SUBDIVISION _____
 SITE ADDRESS: ADDRESS NUMBER _____ STREET NAME _____

CITY USE ONLY

ZONING _____ Permit Fee \$ _____ Rec'd by _____
 Double Fee \$ _____ Date _____
 Total Fee \$ _____ Time _____

The foregoing is a true and correct description of the improvement proposed by the undersigned applicant and the applicant states that he will have full authority over construction of same. The building permit shall not be held to permit or be an approval of the violation or modification of any provisions of City ordinances, codes, subdivision restrictions of State law or be a waiver by the City of such violation. Alteration changes or deviations from the plans authorized by this permit is unlawful without written authorization from the Building Inspection Department. The applicant hereby agrees to comply with all City ordinances, codes, subdivision, restrictions and State laws and assume all responsibility for such compliance. **It is understood that the improvements shall not be occupied until a Certificate of Occupancy has been issued.** Every permit issued shall become invalid unless the work authorized by such permit is commenced within six months after its issuance or if the work authorized by such permit is suspended or abandoned for six months after the time of work is commenced.

PRINT (AUTHORIZED AGENT/OWNER) SIGNATURE EMAIL ADDRESS (required) DATE