

# Application for Swimming Pool

**Building Inspections Department**  
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Permit Number:

<b>Part 1. Project Location Information</b>			
Project Address:			
Subdivision:		Block:	Lot:
Property Owner or Tenant Name:		Phone:	
		Email:	
<b>Part 2. Description of Work</b>			
<input type="checkbox"/> Pool/Spa Combination		<input type="checkbox"/> Pool-In ground	
<input type="checkbox"/> Pool – Above Ground			
Square Footage: _____		<b>Valuation of Work:</b>	
Heater: <input type="checkbox"/> Yes <input type="checkbox"/> No		Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		P-Trap: <input type="checkbox"/> Yes <input type="checkbox"/> N	
		Re-route: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If yes: <input type="checkbox"/> LP <input type="checkbox"/> Natural	
Diving Board: <input type="checkbox"/> Yes <input type="checkbox"/> No		Septic System on Property: <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.	
<ul style="list-style-type: none"> <li><b>2 Sets of plans</b></li> <li><b>Site plan with setbacks &amp; elevations</b></li> <li><b>Approval from Home Owners Association if applicable</b></li> <li><b>Fences surrounding pools are subject to special requirements ( refer to 2012 IRC)</b></li> </ul>			
<b>Part 3. Contractor</b>		<b>Address</b>	
		<b>City/State/Zip</b>	
		<b>Phone</b>	
Pool:			
Electric:			
Plumbing:			
<p><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. <b>ALL PERMITS REQUIRE FINAL INSPECTION.</b></small></p> <p><small><b>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.</b></small></p>			
Date:		Signature:	
Email:		phone:	fax:
<b>COMMENTS:</b>			
Permit Technician Approval:		Date:	
Plans Examiner Approval:		Date:	
Permit Received By:		Date:	