 **CITY OF PORT ARANSAS** 11/19

710 W. AVENUE A

PORT ARANSAS, TEXAS 78373-4128

361-749-4111

[www.cityofportaransas.org](http://www.cityofportaransas.org/)

# POOL PERMIT APPLICATION

*Please Print or Type*

**PROPERTY INFORMATION**  **DATE OF APPLICATION:**

**Port Aransas, TX 78373**

**Business / Property Owner’s Name** **Address of Project** **City, State, ZIP**

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**Business / Property Owner’s Contact Number** **Value of Work**

**(Labor & materials)**

**□ COMMERCIAL □ RESIDENTIAL – IS A RESIDENTIAL STRUCTURE ON PROPERTY □ YES □ NO**

**- WILL GAS BE REQUIRED FOR POOL EQUIPMENT □ YES □ NO (If yes, plumber will need to pull permit & submit a gas utility load form)**

**Detailed site plan required**

Must be drawn to scale showing the size of lot, location & label existing structures, locations of easements, & proposed swimming pool with distances to all adjacent property lines & other existing structures. Site plan/pool plans must also include the following:

**2 sets of plans required to be submitted**

● Location - Swimming pool barrier(s) ● Pool shell & decking layout – steel ● Rebar & Center details ● Location of pumps

● Location of electrical ● Audible alarm

**IF IT IS A DIRECT WATER SOURCE, BACKFLOW IS REQUIRED – PLUMBER MUST GET A PERMIT & GO TO THE NUECES COUNTY WATER DISCTRICT PRIOR TO GETTING A PERMIT.**

### CONTRACTOR INFORMATION

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**Pool Contractor - Business/Company Name** **Telephone**

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**Electrician – Business/Company Name** **Telephone**

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**Plumber – Business/Company Name** **(REQUIRED FOR BACKFLOW INSTALLATION OR GAS)**  **Telephone**

**APPROVED STAMPED PLANS MUST REMAIN ONSITE UNTIL ALL FINALS HAVE PASSED**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* OFFICE USE ONLY\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Planning: Zoning/Setback - Approved: □** **Dune Permit Needed: Yes □ No □** **Initials:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_

**Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Building Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved: □ No Permit Required: □ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**