



Building Permit # _____ Date: _____
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Swimming Pool Application

220 Texas Blvd., Texarkana, TX 75501

Inspections 903-798-3912 Public Works 903-798-3948

➤ Please submit 2 sets of site plans with your application.

- | | | | |
|---|--|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Above Ground | <input type="checkbox"/> In-ground | | |
| <input type="checkbox"/> Residential Pool | <input type="checkbox"/> Commercial Pool | <input type="checkbox"/> Heated | <input type="checkbox"/> Unheated |
| Existing Fence | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

(Pool must be enclosed. Minimum 4 ft. fence. All gates must be self-closing and self-latching.)

Amount of Land Disturbed (Acres): _____ Stormwater Permit Required: Yes No

Job Address: _____

Property Legal Description: Subdivision/Lot/Block: _____

Description of Work: _____

Name of applicant: _____ Phone: _____

Contact person: Applicant Property Owner Contractor

Contractor:

Name: _____

Address: _____

Phone: () _____ Fax: () _____ Work E-mail: _____

Property Owner:

Name: _____

Address: _____

Phone: () _____ Fax: () _____ Work E-mail: _____

Please list all subcontractors that will perform work on this permit.

Electric: Name: _____

Address: _____

Phone: () _____ Fax: () _____ Work E-mail: _____

I certify that the information on this form and the attached plans is true, complete and accurate to the best of my/our knowledge and belief. If granted this permit, I agree to abide by the conditions of the approved City of Texarkana, Texas Stormwater Management Ordinance.

NAME AND OFFICIAL TITLE (TYPE OR PRINT)	TELEPHONE NUMBER WITH AREA CODE
SIGNATURE	DATE SIGNED
STORMWATER MANAGEMENT APPROVAL	DATE APPROVED