

RESIDENTIAL SWIMMING POOL, SPA APPLICATION

200 Old Annetta Road, Aledo, Texas 76008

permits@aledotx.gov

IN GROUND POOL ☐

ABOVE GROUND POOL ☐

SPA ☐

PROJECT ADDRESS (location of pool): _____

Property Owner: _____ Phone: _____

Pool Company: _____ Phone: _____

Address _____
Number Street City State Zip

Email: _____ (Notification of permit approval or inspector contact)

REQUIRED APPLICANT DOCUMENTATION CHECKLIST:

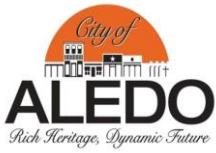
Residential 2015 IRC Chapter 42	✓ CHECK (Applicant)	✓ CHECK (City)
(1) Application, Site Plan and Existing Survey (Showing all setbacks from edge of water to all property lines and buildings-8'min. to property lines and 1:1 min. from building foundations)		
(1) Pool Construction Cut Section Details – ALL ACCESSORY STRUCTURES REQUIRE SEPARATE APPLICATION AND SUBMITTAL		
Accessibility Protection Required- Fence (Show fence location on site plan, indicate location of required gate locks and/or door alarms)		
(1) Electrical/Plumbing Contractors Acknowledgement Form (Complete separate applications if these permit fees not paid by pool contractor)		
Pool Valuation: \$ _____		
(1) Electronic copy of all the above emailed to permits@aledotx.gov		

*****REQUIRED*****

Equipment/Material	Nat Gas	LPG	Type/Manufacturer	Size	H.P.
Pumps(s) # _____					
Pool Heater					
Lights					
Spa Heater					

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provision of any other state or local law, ordinance, or regulation. The issuance of a permit neither exempts nor modifies any covenants, deed restriction, city ordinances and/or state or federal laws, whether herein specified or not.

Applicant _____ Date: _____



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CONTRACTOR ACKNOWLEDGEMENTS

ONLY individual contractors **MUST COMPLETE AND SIGN** this form. If your State License or COI (Certificate of Insurance) is expired the permit you are working will be invalid and will not be issued or may be cancelled by the Building Official.

Construction address: _____

Pool Contractor: _____

MASTER ELECTRICIAN'S STATEMENT:

I, _____, do acknowledge that I ***will be doing the electrical work*** for the construction at the above stated address.

_____/_____/_____
(Date) (Master Signature) License # Exp. Date Cert. of Insurance exp date

(Company name, address, & phone number)

MASTER PLUMBER'S STATEMENT:

I, _____, do acknowledge that I ***will be doing the plumbing work*** for the construction at the above stated address.

_____/_____/_____
(Date) (Master Signature) License # Exp. Date Cert. of Insurance exp date

(Company name, address, & phone number)

EXAMPLE ONLY -- REQUIRED STRUCTURAL CUT SECTION

