



CITY OF DECATUR, TEXAS

1601 S. State Street
Phone 940-393-0250
Inspections Line 940-393-0259 * Fax 940-626-4629

Swimming Pool/ Spa Permit Application
Residential

Permit #: _____

Permit Fee: \$_____

Incomplete application and/or submittal will delay the review process.
Five (5) full sets of plans and an electronic pdf. formatted disk is required to be submitted with application.
If electronic version is not provided, a \$5.00 per page archiving fees will be assessed.

THIS APPLICATION IS FOR THE CONSTRUCTION OF COMMERCIAL OR RESIDENTIAL SWIMMING POOLS OR SPAS.

Pool Spa Commercial Residential Gas Propane Unheated

Is the pool area fenced? Yes No If yes, height Type

Job Address:

Property Legal Description: Subdivision: Lot: Block:

Lot Size: % of Building Coverage on Lot: Dimension of Pool: Valuation of work:

Setbacks: Structures w/ foundations Left Side Right Side Rear

Residential Only

Please check one of the following ANSI/NSPI standard under which pool/spa has been designed:

- In ground pool only ANSI/NSPI-5
Above ground pool only ANSI/NSPI-4
Portable Spa
In ground pool and spa ANSI/NSPI-3 and 5
Permanent Spa ANSI/NSPI-3

Property Owner

Name Phone

Address City State Zip

Contractor

Company Name Office Phone

Pool Contractor Cell Phone

Address City State Zip

Fax E-mail

Electrician (MUST SIGN Signature line provided)

Company Name Office Phone

Master Electrician Cell Phone

Address City State Zip

Master Electrician Signature Date

Plumber (Heated Pools require a separate plumbing permit)

Company Name Office Phone

Master Plumber Cell Phone

Address City State Zip

Commercial swimming pool/spas must also apply for a Health Permit prior to opening to the public and annually thereafter.

Applicant Acknowledgement: I hereby certify by my signature below that: 1) I understand that I am the person responsible for inspections and all related fees and charges. 2) I agree to abide by all laws and ordinance governing this type of work whether specified herein or not 3) Where no work has been started within 180 days after the issuance of a permit or when more than 180 days lapses between approval of required inspections, such permit shall be void, and 4) I have read and examined this application and know the same to be true and correct.

Applicant / Contractor Name (PRINT)

Applicant / Contractor Signature Date

COMPLETE BACK SIDE OF APPLICATION



CITY OF DECATUR, TEXAS

1601 S. State Street
Phone 940-627-9600
Inspections Line 940-626-4420 * Fax 940-626-4629

Certification of House –Pool Protective Device Installation

Existing Permit #: _____ Date: _____

I certify that I am the homeowner at [address] _____ and that one of the following swimming pool protection devices have been/will be installed between all doors leading from the house and garage into the swimming pool area at or before the pool deck and bond inspection (initial one or both if provided).

____ 1. The homeowner chooses not to use this form; I understand an inspector will need to enter the residence in order to verify the door alarm or self-latching device. Two or more failed inspections may result in re-inspection fees.

____ 2. All doors with direct access to the pool are equipped with an alarm that sounds continuously for at least thirty (30) seconds, after the door and its screen, if present, are opened. It must be capable of providing audible warning level capable of being heard throughout the house during normal household activities. The alarm shall automatically reset under all conditions and be equipped with a manual means, such as a touch pad or switch, to temporarily deactivate the alarm for a single opening. Such deactivation shall last no longer than (15) seconds. The deactivation device shall be located at least 54 inches above the threshold of the door.

____ 3. All doors leading into the pool area are equipped with self-closing self-latching devices. The self-latching device is installed a minimum of fifty-four (54) inches above the immediate floor. These devices shall be subject to approval by the City of Decatur Building Inspections Department.

Print name of homeowner _____

Signature of homeowner _____

THE STATE OF TEXAS §
 §
COUNTY OF _____ §

BEFORE ME, the undersigned authority, a Notary Public in and for the State of Texas, on this day personally appeared [homeowner's name] _____, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this the _____ day of _____, 20_____.

Notary Public in and for the State of Texas