



**CITY OF HEATH**  
 200 Laurence Dr., Heath TX 75032  
 972-961-4883 Phone 469-273-4015 Fax

**SWIMMING POOL PERMIT**

Permit # \_\_\_\_\_

Project Address \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Owner \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Owner Address \_\_\_\_\_

Street City State Zip

Contractor \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Project Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**SUB CONTRACTORS**

Electrical Contractor \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Plumbing Contractor \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

CHECK PROJECT TYPE: \_\_\_\_\_ Pool & Spa \_\_\_\_\_ Pool Only \_\_\_\_\_ Spa or Hot Tub only  
 \_\_\_\_\_ Fountain/Water Feature only \_\_\_\_\_ Above Ground Pool Only (does not include any other item)

CONTRACT OR SALES PRICE \_\_\_\_\_ **\* COPY OF SALES CONTRACT MUST BE ATTACHED\***

**SEPARATE PERMIT(S) REQUIRED FOR:** Cabana/Arbors, Grill/Outdoor kitchens, Fire Pits, Outdoor Shower, Fence

\_\_\_\_\_ City Sewer \_\_\_\_\_ Private Septic (Aerobic or Conventional). Locate septic system tanks, leach fields, lateral lines and aerobic spray heads on site plan with any easements or flood plains.

**I am the owner, the contractor or the duly authorized agent of the above property. I agree to comply with all codes and Ordinances of The City of Heath. This permit is issued on the basis of information furnished in this application and on any submitted plans or documents, and is subject to the provisions and requirements of the 2015 International Residential Code and The City of Heath Code of Ordinances. If any information is found to be untrue or incomplete this permit may be revoked and all construction stopped until a new permit has been approved and issued. Permission is hereby granted to enter the premises to make inspections. I hereby accept all conditions herein and certify that all statements herein recorded by me are true.**

**Approved:**

**Building Dept** \_\_\_\_\_

**Signed** \_\_\_\_\_

**Contractor or Agent**

**Print Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Permit Fee** \_\_\_\_\_

**Initial (required):** \_\_\_\_\_ I acknowledge that a code compliant pool barrier is required prior to Pool Final Inspection.

<i>Office Use Only</i>						
Setbacks	Front	Side L	Side R	Rear	Height	Zoning
	_____	_____	_____	_____	_____	_____

**CITY OF HEATH**

200 Laurence Dr.  
Heath TX 75032

**THE UNDERSIGNED,** \_\_\_\_\_, of

(OWNER OR CONTRACTOR AS HOMEOWNER'S AGENT)

\_\_\_\_\_ more specifically described  
(ADDRESS OF PROJECT)

as Block \_\_\_\_\_, Lot \_\_\_\_\_, of the \_\_\_\_\_ Addition to the City of Heath, Texas, do hereby certify that

“I have made an examination of the title to the property upon which the building or structure, for which this permit is sought, is to be constructed, and the proposed building or structure complies in each and every respect with any and all applicable covenants, deed restrictions and encumbrances of such property”

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

**BEFORE ME**, the undersigned Notary Public in and for said County and State, personally on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, known to me to be the identical person who signed the above and foregoing document, and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed for the uses and purposes set forth therein.

**GIVEN** under my hand and seal the day and year last above written.

\_\_\_\_\_  
Notary Public in and for the State of Texas

My Commission Expires:

\_\_\_\_\_  
[SEAL]



# CITY OF HEATH

## Swimming Pool Barrier and Alarm Requirements

**THIS FORM MUST BE COMPLETED AND SUBMITTED WITH THE POOL/SPA PERMIT SUBMITTAL PACKAGE**

Barrier Requirements -- Abridgement from the 2015 International Residential Code AG105

This form is for informational purposes only. This is not meant to be an exhaustive list, nor is it to take the place of the referenced code. There are additional requirements/information that are not stated on this page.

An outdoor swimming pool, spa, (All hereafter referred to as "pool") shall be provided with a fence, wall, building wall or combination thereof which surrounds the pool and obstructs access to the pool. The barrier shall comply with the following:

1. The top shall be at least 48" above grade,
2. The maximum clearance between grade and bottom of barrier is 2"
3. Maximum size of openings in the barrier vertical is 4"
4. Maximum mesh on chain link fences is 2 1/4"
5. Maximum diagonal (ex: Lattice) is 1 3/4"

Gates must have:

1. Have a self-closing, self-latching device
2. Must open outward away from the pool

Gate latch must have:

1. The release mechanism must be located 54" above the bottom of the gate, unless:
2. The release mechanism is located on the pool side of the gate at least 3 inches below the top of the gate, and
3. The gate and barrier shall have no opening larger than a 1/2" within 18" of the release mechanism

Where a wall of a dwelling serves as part of the barrier, one of the following conditions must be met:

1. The pool shall be equipped with a powered safety cover in compliance with ASTM F1346, or
2. Doors with direct access to the pool through that wall shall be equipped with an alarm which produces an audible warning when the door and/or its screen, if present, are opened. The alarm shall be listed and labeled in accordance with UL 2017. The deactivation switch(es) shall be located at least 54" above the threshold of the door: or
3. Other means of protection which may be approved by the Building Official prior to installation

**Job Address:** \_\_\_\_\_

**Permit No:** \_\_\_\_\_

**Homeowner (Print):** \_\_\_\_\_

**Homeowner (Sign):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Pool Company Rep. (Print):** \_\_\_\_\_

**Pool Company Rep. (Sign):** \_\_\_\_\_

**Date:** \_\_\_\_\_



## **Subcontractor Validation**

Project Address: \_\_\_\_\_

Type of Project: \_\_\_\_\_ Permit #: \_\_\_\_\_

Type of Contractor: (Check One)

- Plumbing
- Mechanical
- Electrical

Company Name: \_\_\_\_\_

Master License Name: \_\_\_\_\_

Master License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature of license holder: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_