



CITY OF BEACH CITY

12723 FM 2354
BEACH CITY, TX. 77523
281.383.3180
1.855.743.0559 Fax
city@beachcitytx.us

APPLICATION FOR SWIMMING POOL PERMIT

THIS IS NOT A PERMIT

A request for additional information may be required otherwise, your permit will be mailed to you in 5 TO 7 DAYS

DATE: _____ TELEPHONE: _____

APPLICANT: _____ MAILING ADDRESS: _____

WORK LOCATION ADDRESS: _____

NAME OF PROPERTY OWNER: _____ POOL COMPANY/CONTRACTOR: _____

TYPE OF WORK: () POOL () SPA () JACUZZI () MODIFICATION () REPAIR DESCRIPTION: _____

VALIDITY OF PERMIT: The issuance or granting of a permit or approval of plans, specifications, and computations shall not be construed to be a permit for, or an approval of, any violation of any provision of the codes or of any other City ordinance. Any permit presuming to give authority to violate or cancel any provision of the codes or any other City ordinance shall not be valid. The issuance of a permit based on plans, specifications, computations, and other data shall not prevent the Inspector from later requiring the correction of errors in plans, specifications, computations, and other data, or from preventing building operations being carried on when in violation of the codes or of any other City ordinance.

THIS APPLICATION BECOMES NULL AND VOID IF WORK IS NOT COMMENCED WITHIN SIX (6) MONTHS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF ONE (1) YEAR.

SIGNATURE: _____
Owner, Contractor or Agent

MAKE CHECKS PAYABLE TO: **CITY OF BEACH CITY**

SWIMMING POOL

EXISTING OSSF: () YES () NO

NUMBER OF BEDROOMS IN HOME: _____

OTHER INFORMATION: _____

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. AUTHORIZATION IS HEREBY GIVEN TO THE **CITY OF BEACH CITY AND/OR ITS REPRESENTATIVES** TO ENTER UPON THE ABOVE DESCRIBED PROPERTY FOR THE PURPOSE OF: LOT EVALUATION, AND/OR INSPECTION OF THE EXISTING ON-SITE SEWAGE FACILITY (OSSF) IN REGARD TO THE INSTALLATION OF THE ABOVE REFERENCED ADDITION TO THE PROPERTY. A PERMIT TO INSTALL A SWIMMING POOL, SPA, ETC., WILL BE GRANTED FOLLOWING SUCCESSFUL INSPECTION OF SAID PROPERTY, DIAGRAMS, ETC. **TO ENSURE THAT ANY LISTED ADDITIONS DO NOT ALTER OR CHANGE THE DYNAMICS OF THE EXISTING OSSF, PER TCEQ REGULATIONS, OR BEACH CITY ORDINANCE REQUIREMENTS.**

INITIALS: _____

FOR OFFICE USE ONLY

INSPECTOR FEE: _____ CITY FEE: _____ PENALTY OR OTHER FEE: _____ TOTAL FEES: _____

DATE: _____ CASH _____ CHECK # _____ TOTAL FEES: _____

PERMIT NO: _____

CITY SECRETARY SIGNATURE