SWIMMING POOL PERMIT APPLICATION

- All pool construction shall comply with applicable State laws and City of Oak Ridge North ordinances and codes. The City has the 2018 International Swimming Pool and Spa Code adopted.
- All contractors must be registered with the City of Oak Ridge North before **performing work within the city limits.**
- Each application must be accompanied by ONE complete PDF digital set of drawings and one. The drawings shall contain all the information requested below.
- Swimming pool permit fees are based off the valuation. Trade permits are required in addition to the swimming pool permit.
- Please allow 20 business days for the application to be processed.
- All inspections must be called or emailed in 24 hours in advance.
- Inspection request line. (832)381-3298. Email: inspections@oakridgenorth.com

SWIMMING POOL PLAN SUBMITTAL CHECKLIST			
PLEASE CHECK YES OR NO IF FEATURES ARE PRESENT OR NOT. ANY PRESENT FEATURES AND REQUIRED ITEMS MUST BE SHOWN ON THE PLANS.	REQ'D	YES	NO
1. Site survey of proposed & existing structures. Show pool, fence, pool equipment, easements, set-backs, electrical panel location & any overhead electric lines.	**X**		
2. Show all existing utilities: Water, sewer, gas, electric, etc.	**X**		
3. Provide details on self-latching gates and required barrier fencing.	**X**		
4. Will there be any exterior doors from a house or business that directly accesses the pool area? If so, provide note on plans to supply alarm as required by code.	**X**		
5. Electrical Permit Application Required	**X**		
6. Plumbing Permit Application Required	**X**		

City of Oak Ridge North
27424 Robinson Road • Oak Ridge North, Texas 77385
(832)381-3301 • Fax (281) 367-7729

7. Will the pool encroach into the 45° bearing plane of a foundation of an adjacent building? If so, provide engineered pool design.		☐	☐

PROJECT LOCATION			
911 Assigned Address:			
Subdivision:	Lot:	Blk:	Sec:
PROJECT INFORMATION			
Valuation:			
Brief Description of Work:			
PROPERTY OWNER INFORMATION			
Name:	Phone:	Fax:	
Address:			
Email:			
CONTRACTOR INFORMATION			
Name:	Phone:	Fax:	
Address:			
Email:			
POINT OF CONTACT INFORMATION			
Name:	Phone:	Fax:	
Title:			
Address:			
Email:			

The undersigned ☐ Owner/ ☐ Agent/ ☐ Contractor, has read all the information contained in this application, agrees to conform to all applicable Federal, State, and local laws, and certifies the information provided herein is true and correct.

Signature of Applicant Printed Name Date

How do you prefer to receive correspondence? Please check one. ☐ Mail, ☐ E-Mail, ☐ Fax, ☐ Pick-up.