



## SWIMMING POOL / SPA Permit Application

PERMIT # \_\_\_\_\_

**CITY OF WOODWAY**  
Community Services Dept.  
924 Estates Drive  
Woodway, Texas 76712  
phone: (254) 772-4050  
fax: (254) 399-6518  
[permits@woodwaytexas.gov](mailto:permits@woodwaytexas.gov)

### THIS SECTION FOR STAFF USE ONLY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                               |             |             |           |           |                                                                   |  |             |  |                                                                                                                                                                                                                                                                                                                                                                             |                    |                     |                                                                                                   |                            |
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| RECEIVED BY: _____ DATE/TIME: _____ APP COMPLETE? <input type="checkbox"/> Y <input type="checkbox"/> N (explain)                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                               |             |             |           |           |                                                                   |  |             |  |                                                                                                                                                                                                                                                                                                                                                                             |                    |                     |                                                                                                   |                            |
| NOTE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                               |             |             |           |           |                                                                   |  |             |  |                                                                                                                                                                                                                                                                                                                                                                             |                    |                     |                                                                                                   |                            |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><b>1st REVIEW</b></td> <td style="width: 50%; text-align: center;"><b>2nd REVIEW (if needed)</b></td> </tr> <tr> <td>DATE: _____</td> <td>DATE: _____</td> </tr> <tr> <td>BY: _____</td> <td>BY: _____</td> </tr> <tr> <td colspan="2" style="text-align: center;"> <input type="checkbox"/> APPROVED    <input type="checkbox"/> DENIED         </td> </tr> <tr> <td colspan="2">NOTE: _____</td> </tr> </table> | <b>1st REVIEW</b>             | <b>2nd REVIEW (if needed)</b> | DATE: _____ | DATE: _____ | BY: _____ | BY: _____ | <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED |  | NOTE: _____ |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>PERMIT FEES</b></td> </tr> <tr> <td>TOTAL FEE: \$ _____</td> </tr> <tr> <td> <input type="checkbox"/> CASH    <input type="checkbox"/> CK _____    <input type="checkbox"/> CC _____         </td> </tr> <tr> <td>DATE PD: _____ RCPT: _____</td> </tr> </table> | <b>PERMIT FEES</b> | TOTAL FEE: \$ _____ | <input type="checkbox"/> CASH <input type="checkbox"/> CK _____ <input type="checkbox"/> CC _____ | DATE PD: _____ RCPT: _____ |
| <b>1st REVIEW</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>2nd REVIEW (if needed)</b> |                               |             |             |           |           |                                                                   |  |             |  |                                                                                                                                                                                                                                                                                                                                                                             |                    |                     |                                                                                                   |                            |
| DATE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DATE: _____                   |                               |             |             |           |           |                                                                   |  |             |  |                                                                                                                                                                                                                                                                                                                                                                             |                    |                     |                                                                                                   |                            |
| BY: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | BY: _____                     |                               |             |             |           |           |                                                                   |  |             |  |                                                                                                                                                                                                                                                                                                                                                                             |                    |                     |                                                                                                   |                            |
| <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                               |             |             |           |           |                                                                   |  |             |  |                                                                                                                                                                                                                                                                                                                                                                             |                    |                     |                                                                                                   |                            |
| NOTE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                               |             |             |           |           |                                                                   |  |             |  |                                                                                                                                                                                                                                                                                                                                                                             |                    |                     |                                                                                                   |                            |
| <b>PERMIT FEES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |                               |             |             |           |           |                                                                   |  |             |  |                                                                                                                                                                                                                                                                                                                                                                             |                    |                     |                                                                                                   |                            |
| TOTAL FEE: \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                               |             |             |           |           |                                                                   |  |             |  |                                                                                                                                                                                                                                                                                                                                                                             |                    |                     |                                                                                                   |                            |
| <input type="checkbox"/> CASH <input type="checkbox"/> CK _____ <input type="checkbox"/> CC _____                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                               |             |             |           |           |                                                                   |  |             |  |                                                                                                                                                                                                                                                                                                                                                                             |                    |                     |                                                                                                   |                            |
| DATE PD: _____ RCPT: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                               |             |             |           |           |                                                                   |  |             |  |                                                                                                                                                                                                                                                                                                                                                                             |                    |                     |                                                                                                   |                            |

OWNER/ TENANT  
INFORMATION

PROJECT ADDRESS: \_\_\_\_\_  
PROPERTY OWNER: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_ CITY/ST/ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ ALT PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTRACTOR  
INFORMATION

COMPANY: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY/ST/ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ ALT PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

SUBCONTRACTORS

**\*\* NOTE: Unless LICENSED plumber and/or electrician are directly employed by pool installation company, these permits must be pulled separately, under the responsible trade license.**

PLUMBER: \_\_\_\_\_ LIC. #: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ELECTRIC: \_\_\_\_\_ LIC. #: \_\_\_\_\_ PHONE: \_\_\_\_\_

### PROJECT INFORMATION (CHECK ALL THAT APPLY)

#### SWIMMING POOLS:

|                                       |                                       |                                  |                                  |                                      |
|---------------------------------------|---------------------------------------|----------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> IN GROUND    | <input type="checkbox"/> GUNITE       | <input type="checkbox"/> PRIVATE | <input type="checkbox"/> OUTDOOR | <input type="checkbox"/> MANUAL FILL |
| <input type="checkbox"/> ABOVE GROUND | <input type="checkbox"/> PREFAB LINER | <input type="checkbox"/> PUBLIC  | <input type="checkbox"/> INDOOR  | <input type="checkbox"/> AUTO FILL** |

#### SPAS / HOT TUBS:

|                                       |                                       |                                  |                                  |                                      |
|---------------------------------------|---------------------------------------|----------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> IN GROUND    | <input type="checkbox"/> PORTABLE     | <input type="checkbox"/> PRIVATE | <input type="checkbox"/> OUTDOOR | <input type="checkbox"/> MANUAL FILL |
| <input type="checkbox"/> ABOVE GROUND | <input type="checkbox"/> NON-PORTABLE | <input type="checkbox"/> PUBLIC  | <input type="checkbox"/> INDOOR  | <input type="checkbox"/> AUTO FILL** |

\*\*AUTOFILL DEVICES WILL REQUIRE BACKFLOW PROTECTION AND TESTING PRIOR TO FINAL APPROVAL\*\*

DESCRIPTION OF WORK: \_\_\_\_\_

SEE REVERSE FOR IMPORTANT INFORMATION REGARDING PERMIT/APPLICATION

**IMPORTANT INFORMATION REGARDING YOUR PERMIT APPLICATION:**

- ♦ Allow three (3) business days for your application to be processed.
- ♦ Upon approval, permit fees must be paid within 180 calendar days or the application may be considered void and require resubmittal. The permit is not valid until full payment is received.
- ♦ Upon approval and payment, permit is valid for 180 days. If permit expires, an extension may be granted with a written request. If work does not commence within the 180 days or is suspended, the permit becomes null and void. No refunds will be given for expired permits.
- ♦ Issuance of a building permit from the City does not preclude the applicant or property owner from any deed or Homeowners Association restrictions that may apply to the property. Applicant/owner is responsible for obtaining the necessary permissions, appealing to any architectural committees, and/or meeting any other requirements set forth by the deed.
- ♦ **Proper site plan must be submitted for review and approval.**

**SITE PLAN REQUIREMENTS**

Accessory structures are to be placed in accordance with the following City Ordinances:

Section 7.3: - Accessory Buildings shall be Located in Accordance With The Following Rules:

7.301: Accessory buildings and swimming pools may be located in a rear yard, but may not occupy more than thirty (30) per cent of a rear yard.

7.303: An accessory building more than (5) feet from a main building may be erected within two feet of a side or rear lot line, but must be located at least sixty (60) feet from the front street line; provided, however, that on corner lots accessory buildings may not be erected within the area required for the side yard along the side street as described in Section 4.202. (Amended 2-25-85)

7.304: Where a garage is entered from an alley, it must be kept ten (10) feet from the alley line.

7.305: On corner lots, the minimum buildable width of thirty (30) feet (see Section 4.202) for main buildings is reduced to twenty-two (22) feet for accessory buildings.

Section 12-2. - Fencing of swimming pools and other water structures

( a ) Every person owning a private swimming pool, spa, or hot tub (water structure), twenty-four (24) inches deep or deeper in any part located within city limits, shall construct or cause to be constructed a fence or barrier surrounding such structure. The fence/barrier shall be a minimum of forty-eight (48) inches in height measured on the side of the barrier away from the water. If

( b ) All fences shall have a gate no less than forty-eight (48) inches in height. The gate shall have a latch located a minimum of thirty-six (36) inches above the grade level measured on the side of the barrier away from the water. The gate shall be kept closed and latched at all times when the water structure is not in use or supervised.

( c ) Where the yard is completely enclosed with an approved fence/barrier, this section shall not apply to the water structure area itself. Other restrictions may apply due to adopted building codes.

( d ) The above subsection shall apply only to new construction of water structures or to fences/barriers which have been damaged or destroyed to an extent of more than fifty (50) percent of their fair market value, then a new fence must be constructed in conformity of the above subsection ( a ).

(Ord. of 9-9-57; Ord. No. 06-09, 7-10-06)

> Using a copy of the property survey, please draw a site plan. If you do not have access to the survey, you may request that the Community Services Department locate and provide you with a copy of the property's plat. Site plans must contain the following information:

- ~ All setbacks and easements located on the property (accessory structures will not be permitted in easements)
- ~ The location of all existing structures (house, pool, other accessory buildings, etc.)
- ~ The proposed location of the pool/spa being added, including measurements:
  - \* Distance from primary structure (house) to proposed pool (AT LEAST 5 FEET)
  - \* Distance from proposed pool to side and rear property lines
- ~ Provisions for fencing as prescribed by Section 12-2 of the Code of Ordinances.
- ~ Location of electrical service and/or overhead lines.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**REVIEW NOTES (FOR STAFF USE)**