



Above Ground Swimming Pool Permit

To schedule inspections call (325)676-6273/6232, email buildingpermits@abilenetx.gov or log on to mygov.us/login

Residential: Job Address: _____
Subdivision: _____ Block: _____ Lot: _____
Property Owner: _____ Phone: _____

Contractor: Contractor _____ Contact Person: _____
Address: _____ Phone: _____

Valuation of Work: \$ _____

Type of Septic System (Circle One):	Conventional	Aerobic	N/A
Class of Work (Circle One):	New	Alteration	

List Subcontractors Below

All subcontractors shall be registered with the City Building Inspections Department before the permit will be issued.

Electric: _____ Concrete: _____

Plumbing: _____ Septic: _____

NOTICE

The granting of this permit does not presume to give authority to violate or cancel the provisions of City, State or other local laws regulating construction or the performance of construction. All provisions, laws and ordinances governing this type of work shall be complied with, whether specified or not.

Date: _____

Applicant Signature: _____

Permit Fee: \$60.00