



Permit # _____
Date: _____
Electric: <input type="checkbox"/> Registered <input type="checkbox"/> Not Registered
Plumbing: <input type="checkbox"/> Registered <input type="checkbox"/> Not Registered

### Swimming Pool Application

Public Works – 919 Elm St., Texarkana, TX 75501 Phone 903-798-3948  
 Inspections – 220 Texas Blvd., Texarkana, TX 75501 Phone 903-798-3912

➤ Please submit 2 sets of construction plans/2 sets of site plans **OR** digital copy of all plans with your application.

Residential Pool     Commercial Pool     Heated     Unheated     Salt Water     Chlorinated

Existing Fence  Yes  No    Estimated Cost: \_\_\_\_\_ Amount of Land Disturbed (Acres): \_\_\_\_\_

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

Property Legal Description: Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Description of Work: \_\_\_\_\_

Name of applicant: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact person:     Applicant     Property Owner     Contractor

**Property Owner:**

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

Mailing Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Contractor:**

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

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

Phone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Please list all subcontractors that will perform work on this permit.

**Electric:**    Name: \_\_\_\_\_

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

Phone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Plumbing:**    Name: \_\_\_\_\_

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

Phone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**I certify that the information on this form and the attached plans is true, complete and accurate to the best of my/our knowledge and belief. If granted this permit, I agree to abide by the conditions of the approved City of Texarkana, Texas Stormwater Management Ordinance and/or the Storm Water Pollution Prevention Plan (SWP3).**

APPLICANT NAME AND TITLE (TYPE OR PRINT)	TELEPHONE NUMBER WITH AREA CODE
APPLICANT SIGNATURE	DATE SIGNED
PUBLIC WORKS APPROVAL: NAME AND TITLE	DATE APPROVED