



BUILDING PERMIT APPLICATION POOLS and SPAS

Public Works Department
25 Oak Drive • Lake Jackson, TX 77566
Inspection Line (979) 415-2432 • Phone (979) 415-2430 • www.lakejackson-tx.gov

THIS COMPLETED APPLICATION MUST BE ACCOMPANIED BY THE PLUMBING SUBMITTAL CHECKLIST WITH ALL REQUIRED DOCUMENTS INCLUDING THE CROSS CONNECTION CONTROL SURVEY.

Type of Permit: Check all that apply COMMERCIAL RESIDENTIAL NEW SYSTEM ALTERATION/REPAIR
 POOL SPA

Project Address: _____ Parcel ID #: _____

Project Description/Scope of Work: _____

Property Owner: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone Number: _____

Cell Phone: _____ Fax: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip Code: _____

POOL/SPA INFORMATION

Commercial Project Valuation: _____ Pool Construction Type: _____

Pool Capacity: _____ Gal. Pool Size: _____ Sq Ft Pool Dimensions: _____ Ft x _____ Ft Pool Depth: _____ Ft

Pool Setbacks: Rear _____ Ft Left Side _____ Ft Right Side _____ Ft Type of Pool: In Ground Above Ground

Is Pool/Spa Heated: Yes No If Yes, Type of Heating System: _____

Size of Pool/Spa Heater: _____ BTU Provide Gas Pipe Sizing Calculations accounting for existing plus proposed gas usage.

2 lb gas pressure sets prohibited unless approved by the Building Official in accordance with Municipal Code Section 14-128

Type of Filtration: _____ Salt Water Pool: Yes No

ALL POOLS DRAIN TO STREET. POOLS MAY NOT DRAIN TO SANITARY SEWER OR DIRECTLY TO DRAINAGE DITCHES.

Pool Contractor: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

FOR STAFF USE ONLY

Reviewed and Approved for Construction

INITIALS: _____ DATE: _____ Permit #: _____

\$ _____
Building Permit Fee

\$ _____
Plumbing Fee

\$ _____
Mechanical Fee

\$ _____
Electric Fee

\$ _____
TOTAL PERMIT FEES

**ALL CONTRACTORS MUST BE REGISTERED WITH THE CITY OF LAKE JACKSON.
MECHANICAL-ELECTRICAL-PLUMBING CONTRACTORS MUST BE LICENSED AND INSURED.**



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Plumbing Contractor: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contractor's License Number: _____ Expiration: _____

Service Size: _____ Meter Size: _____ Service Pressure: _____ Distance to Furthest Remote Outlet: _____

Please List quantity of fixtures below:

_____ DRAIN _____ SUMP _____ BACKFLOW PREVENTOR _____ WATER PIPING
_____ WATER HEATER _____ GAS OUTLETS

Mechanical Contractor: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contractor's License Number: _____ Expiration: _____

Please List Quantity of Fixtures Below:

_____ POOL HEATER < 100K BTU _____ POOL HEATER > 100K _____ GAS WATER HEATER
_____ MOTOR UP TO 5 TON _____ MOTOR >5 UP TO 10 TON _____ MOTOR >10 UP TO 50 TON
_____ MOTOR > 50 TON _____ BOILER _____ ALL OTHER UNITS

Electrical Contractor: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contractor's License Number: _____ Expiration: _____

Please List Quantity of Fixtures Below:

_____ ELECTRIC OUTLET 120 VOLT _____ ELECTRIC OUTLET 240 VOLT _____ ELECTRIC OUTLET - GFCI
_____ ELECTRIC SWITCH _____ LIGHTING FIXTURE _____ ELECTRIC SERVICE PANEL
_____ MOTOR UP TO 10 HP _____ MOTOR >10 UP TO 50 HP _____ MOTOR > 50 HP
_____ 2 POLE CIRCUIT _____ 3 POLE CIRCUIT _____ TEMP SERVICE CONNECTION

Certification: Under penalty of perjury, I (the undersigned) certify that I am the property owner or their authorized agent and that the above information is complete and accurate to the best of my knowledge. I understand that any changes in contractor information must be reported immediately to the City of Lake Jackson as a condition of the permit. I understand that failure to report changes may nullify and/or expire the permit without notice or further cause. I hereby certify that the above information is correct and that the construction of, along with the occupancy and use of the above-described property will be in accordance with the laws, rules and regulations of the City of Lake Jackson.

Owner or Authorized Agent: _____ Signature _____ Date _____

Printed Name

FOR STAFF USE ONLY

Permit # _____

Project Address _____