



APPLICATION FOR POOL/SPA PERMIT

Building Inspections Department

303 Derting Road – Aurora – Texas – 76078

Phone 817.636.2783 Email cityofaurora@hotmail.com

PERMIT NO	
ISSUE DATE	

PART 1. Project Location Information

Project Address:		
Subdivision:	Block:	Lot:
Property Owner:		Phone:
		Email:

PART 2. Description of Work

Pool/Spa Combo
 Pool-In-ground
 Spa Only
 Pool – Above Ground

Square Footage		Valuation of Work	
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Please circle the appropriate response:

Heater YES NO	Gas YES NO If yes: <input type="checkbox"/> LP <input type="checkbox"/> NATURAL	Diving Board YES NO
P-Trap YES NO	Re-Route YES NO	Septic System on Property YES NO

Filter Type: DE Cartridge Sand

***** FENCES AND DOOR ALARMS ARE REQUIRED ON ALL POOL INSTALLATIONS *****

PART 3. Contractor(s)

COMPANY	CONTACT NAME	CONTACT PHONE	LICENSE NO.
POOL			
ELECTRIC			
PLUMBING			
EXCAVATOR			

AN ISSUED PERMIT BECOMES INVALID IF THE WORK ON THE SITE AUTHORIZED BY THE PERMIT DOES NOT COMMENCE WITHIN 180-DAYS OF ISSUANCE, OR IF THE WORK ON SITE IS INCOMPLETE DUE TO SUSPENSION OF ABANDONMENT 180-DAYS AFTER THE DATE WORK COMMENCED. **ALL PERMITS REQUIRE A FINAL INSPECTION.**

I HEREBY CERTIFY THAT I AM AN AUTHORIZED AGENT OF THE OWNER, and I have the right to submit this application on behalf of said owner. Furthermore, I hereby have the right and consent of the owner to enter onto his property and commence the work for this permitted activity. I swear and affirm the information contained herein this permits is true and correct to the best of my ability. I will abide by all the laws, codes and ordinances applicable to this application, as currently adopted by the City of Aurora, County of Wise, State of Texas and the United States of America.

Printed Name	Signature	Date
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FOR OFFICIAL USE ONLY

RECEIVED BY	RECEIVING CLERK'S SIGNATURE	DATE
ISSUED BY	PERMIT OFFICIAL'S SIGNATURE	DATE

***** POOL PLAN SUBMITTALS REQUIRE ELECTRIC COMPANY SIGN-OFF *****