



SWIMMING POOL PERMIT APPLICATION

- All pool construction shall comply with applicable State laws and City of Oak Ridge North ordinances and codes.
- All contractors must be registered with the City of Oak Ridge North before **performing work within the city limits.**
- Each application must be accompanied by two complete sets of drawings and one PDF digital copy. The drawings shall contain all the information requested below.
- Swimming pool permit fees are based off the valuation. Trade permits are required in addition to the swimming pool permit.
- Please allow 10 business days for the application to be processed.
- All inspections must be called in 24 hours in advance.
- Inspection request line. (832)381-3298.

SWIMMING POOL PLAN SUBMITTAL CHECKLIST			
PLEASE CHECK YES OR NO IF FEATURES ARE PRESENT OR NOT. ANY PRESENT FEATURES AND REQUIRED ITEMS MUST BE SHOWN ON THE PLANS.	REQ'D	YES	NO
1. Site survey of proposed & existing structures. Show pool, fence, pool equipment, easements, set-backs, electrical panel location & any overhead electric lines.	X		
2. Show all existing utilities: Water, sewer, gas, electric, etc.	X		
3. Provide details on self-latching gates and required barrier fencing.	X		
4. Will there be any exterior doors from a house or business that directly accesses the pool area? If so, provide note on plans to supply alarm as required by code.	X		
5. Will there be a backwash filter system? If so, a separate plumbing permit will be required.			
6. Will there be a pool fill water line? If so, a separate plumbing permit will be required.			
7. Will the pool encroach into the 45° bearing plane of a foundation of an adjacent building? If so, provide engineered pool design.			

City of Oak Ridge North

27424 Robinson Road • Oak Ridge North, Texas 77385

(832)381-3301 • Fax (281) 367-7729

PROJECT LOCATION			
911 Assigned Address:			
Subdivision:	Lot:	Blk:	Sec:
PROJECT INFORMATION			
Valuation:			
Brief Description of Work:			
OWNER INFORMATION			
Name:	Phone:	Fax:	
Address:			
Email:			
CONTRACTOR INFORMATION			
Name:	Phone:	Fax:	
Address:			
Email:			
POINT OF CONTACT INFORMATION			
Name:	Phone:	Fax:	
Title:			
Address:			
Email:			

The undersigned Owner/ Agent/ Contractor, has read all of the information contained in this application, agrees to conform to all applicable Federal, State, and local laws, and certifies the information provided herein is true and correct.

Signature of Applicant

Printed Name

Date

How do you prefer to receive correspondence? Please circle one.

Mail, E-Mail, Fax, Pick-up.

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