



## **TOWN OF FAIRVIEW SWIMMING POOL PERMIT REQUIREMENTS**

### **PLANS SUBMITTAL:**

Two (2) copies of the following drawings are required. They must be submitted along with a completed application form and the required plan review fee.

1. Site plan including all dimensions and location of the pool relative to all buildings, property lines, septic systems, and easements.
2. Pool plans including all dimensions and equipment specifications. All decking must be shown. Plans must bear the approval stamp of the applicable utility company.
3. Section through the pool drawing including depth dimensions.
4. Flash Drive

### **FEES:**

1. Commercial Plan review fee: \$75.00 \*
  2. Permit fee: \$225.00
  3. Pool Demo fee: \$100.00
- \* submitted with application

### **INSPECTIONS:**

1. Belly steel, bonding, and plumbing
2. Gas line (where applicable)
3. Deck steel and bonding
4. Final: electrical, plumbing, and fence.

### **GENERAL:**

1. Safety fencing must be in place at all times, except when it interferes with construction.
2. Permit holder is responsible for requesting and completing all required inspections.
3. Fences must conform to 2012 IRC, Appendix G, Section AG105. Pool will not pass final inspection without proper barriers.
4. Certification of House-Pool Protection Device Installation may be used. Must be signed by homeowner only; and notarized.
5. Sand and D.E. filters permitted only if supplied with separation tank. **NO BACK-WASH PERMITTED TO DISCHARGE ON THE GROUND.**
6. No decking or equipment allowed in utility or drainage easements without a signed waiver on file. Nothing related to pool allowed in set-back area.
7. All applicable Town of Fairview codes/ordinances must be observed.
8. VGBA compliant SVRS required on all installation.



# TOWN OF FAIRVIEW PERMIT APPLICATION

# \_\_\_\_\_

Project Address \_\_\_\_\_ Subdivision/Lot/Block \_\_\_\_\_

Scope of Your Work \_\_\_\_\_

Property Owner (Name, Phone, & Email) \_\_\_\_\_

General /Project Contractor (Name, Address, Phone, & Email) \_\_\_\_\_

Electrical Sub-Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Plumbing Sub-Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Mechanical Sub-Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Fire Suppression Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Fire Alarm Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

*WHEREAS the Town, therefore, desires to grant to Republic Services the right to operate as the sole provider for Town-provided services of collection, transportation, and disposal of residential, commercial, and industrial (both permanent and temporary) Garbage and Trash, Construction and Demolition Debris, and Recycling, subject to the terms of this Contract. Additional questions, service requests and concerns, should be directed to the Republic Services at 972-422-2341 or via their website at RepublicServices.com/Customer-Support.*

## PROJECT INFORMATION

**Type of Building:**       Residential       Commercial      Valuation of work \$: \_\_\_\_\_

**Type of Permit:**    HVAC  Electrical  Plumbing  Irrigation  Re-Roof  Solar panels  Cell Tower/Antennas  
 Swimming Pool (Please list your registered Electrician & Plumber)  Spa Only  Pool Demo    Other \_\_\_\_\_

### FEES:

PLAN REVIEW FEES	\$75.00	SWIMMING POOL PERMIT FEE	\$225.00
HVAC PERMIT FEE	\$100.00	SPA ONLY	\$50.00
ELECTRICAL PERMIT FEE	\$100.00	POOL DEMO PERMIT FEE	\$100.00
PLUMBING PERMIT FEE	\$100.00		
REROOF PERMIT FEE	\$75.00		
IRRIGATION PERMIT FEE	\$200.00	<b>GRAND TOTAL</b>	<b>\$ _____</b>

### Note: Please allow 7-10 business days for processing

The undersigned applicant hereby declares that the above facts are true and correct and that the construction proposed herein will be performed in conformity with existing regulations as pertain to building and zoning as passed by the Town Council of the Town of Fairview, Texas. **MUST MEET CODES. SUBJECT TO FIELD INSPECTIONS.**

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TOWN APPROVED \_\_\_\_\_ PLAN REVIEW DATE \_\_\_\_\_

PICKUP SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



The Fairview Code of Ordinances, sections 14.02.204 (c) 8, 14.02.254 (c) 8 14.02.304 (c) 8, and 14.02.354 (c) 8 limit the maximum lot coverage of all impervious surfaces to 35% in the RE-1 district, 30% in the RE-1.5 district, and 25% in the RE-2 and RE-3 districts.

Violations may result in citation and removal of structures exceeding total allowed impervious surface area. In order to comply with the ordinance, please complete the following form and have it notarized.

Address \_\_\_\_\_

House Pad	_____	sq ft.
Driveway	_____	sq ft.
Sidewalk	_____	sq ft.
Swimming Pool	_____	sq ft.
Swimming Pool Deck	_____	sq ft.
All current accessory buildings	_____	sq ft.
Other impervious surface	_____	sq ft.
Proposed new use (s)	_____	sq ft.
	_____	sq ft.
	_____	sq ft.
	_____	sq ft.
Total square footage	_____	
Total Impervious Surface (sq ft)	_____	(a)
Lot size (sq ft)	_____	(b)
Impervious Surface to Lot Ratio	_____	

I hereby attest under penalty of law, that the above information is true and correct:

\_\_\_\_\_  
Signature of Surveyor, Architect, or Engineer                      Print Name                      Date

\_\_\_\_\_  
Applicant Signature                      Print Name                      Date

State of Texas  
County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_  
by \_\_\_\_\_.

Signature of Notary: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
My commission expires: \_\_\_\_\_

TOWN OF FAIRVIEW, TEXAS  
CERTIFICATION OF HOUSE-POOL PROTECTION DEVICE  
INSTALLATION

Site Address \_\_\_\_\_

I certify that one (1) of the following protective devices are installed between all doors leading from the house and garage into the pool area. (*check one*)

\_\_\_\_\_ 1. All doors leading into the pool area are equipped with an alarm. The alarm sounds continuously for at least thirty (30) seconds – or until the alarm is manually reset (if the door closes within the 30 second period, the alarm continues to sound until the completion of the 30 seconds or until the alarm is manually reset). The alarm is capable of being heard throughout the house during normal household activities. The alarm automatically resets under all conditions.

\_\_\_\_\_ 2. All doors leading into the pool area are equipped with self-closing and self-latching devices. The latching mechanisms are at least fifty-four (54) inches above the floor.

\_\_\_\_\_ 3. The pool is equipped with a powered safety cover which complies with ASTM F1346.

I certify that The Town of Fairview has not, and may/ may not inspect the above noted pool protection device. Furthermore, I/we hereby release, discharge, indemnify, and hold harmless the Town, it's officials, employees, and agents, for any and all claims, damages, or losses directly or indirectly arising from use of the pool at the above-referenced location.

PRINTED NAME \_\_\_\_\_ (Homeowner)  
SIGNATURE \_\_\_\_\_ (Homeowner)

---

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_ before me \_\_\_\_\_  
Notary Public, personally appeared \_\_\_\_\_ personally known to me  
(or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s)  
is (are) subscribed to this instrument, and acknowledged that he (she/they) executed it.  
WITNESS my hand and official seal.

Notary's Signature \_\_\_\_\_  
Notary's Name (print) \_\_\_\_\_  
My commission expires: \_\_\_\_\_