



Permit Number

APPLICATION

POOL PERMIT

Requirements

Your application **will not be accepted** if any of the below items are missing or incomplete. Incomplete applications will be returned and any paid fees are nonrefundable. Applications are processed within ten business days. To check the status of a permit, please email permits@cityofkennedale.com and include the property address and permit type.

- Contractors registered
- Application forms completely filled and signed
- Site plan showing:
 - Location on lot including setbacks from property lines and existing structures
 - Dimensions of proposed pool and existing structures
 - Labels indicating adjacent streets and any existing easements

Applicant Information *(Serves as primary contact for this permit)*

Applicant Name: _____

Applicant Title: _____

Applicant Address: _____

Applicant Phone: _____ Applicant Email: _____

Property Owner Information

Owner Name: _____

Owner Address: _____

Owner Phone: _____ Owner Email: _____

Project Information

Property Address: _____

Type of Pool: Above Ground In-Ground Spa/Hot Tub Repair

Total Area: _____ Valuation: _____

Subtype: Residential Public Semi-Public

Scope of Work: _____

Contractor Information

Contractor Name: _____

Contractor Address: _____

Contractor Phone: _____ Contractor Email: _____

Electrical Contractor Information

Electrical Contractor Name: _____

Electrical Contractor Company: _____

Electrical Contractor Phone: _____ Electrical Contractor Email: _____

Plumbing Contractor Information

Plumbing Contractor Name: _____

Plumbing Contractor Company: _____

Plumbing Contractor Phone: _____ Plumbing Contractor Email: _____

Applicant Agreement

By signing below, I acknowledge that I have read and completed all applicable requirements. I understand that if I have submitted an incomplete or false application, my application may be rejected and that the fee is nonrefundable.

Signature of Applicant: _____ Date: _____

For Office Use Only		
Completeness Check		
Application form completely filled and signed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attached site plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contractor(s) registered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fee paid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sign _____	Date _____	
Planning and Zoning Review		
Property zoning: _____		
Proposed pool meets setback requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will property meet allowable lot coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is proposed structure in any easements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is proposed structure in a floodzone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sign _____	Date _____	