



SWIMMING POOL PERMIT APPLICATION

BUILDING INSPECTIONS

RECEIVED DATE _____

PERMIT # _____

PROJECT ADDRESS _____ LOT _____ BLOCK _____ SUBDIVISION _____

SCOPE OF WORK _____

CONTRACTOR INFORMATION

Organization Name _____

Contact Name _____

Address _____

Phone # _____

City/State/Zip _____

E-Mail: _____

OWNER INFORMATION

Owner Name _____

Contact Name _____

Address _____

Phone # _____

City/State/Zip _____

E-Mail _____

CONTRACTORS

Electrical Contractor: _____

Plumbing Contractor: _____

Signature of Permit Applicant _____

Please Print Name _____

Released for Construction _____

Date _____

911 WINSCOTT | P.O. BOX 26569 | BENBROOK, TX 76126 | (817)249-3000
www.benbrook-tx.gov | EMAIL: buildinginspections@benbrook-tx.gov



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SUBMITTAL CHECKLIST

The City has in effect the 2018 International Codes. Please refer to this code for preparation of your plans.

Please allow minimum of (10) working days for review.

The permit becomes null and void if work or construction authorized is not commenced within 180 days or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

Plans larger than 11" x 17" will not be accepted.

***SUBMIT (2) COPIES OF THE FOLLOWING:**

- **Pool Plan**
- **Site Plan**
 - Must show location of pool/deck on property and measurement to property lines from pool/decking, and measurement from water's edge to all foundations.
 - Stamped approved by the Utility Company
- **BWA's Automatic Fills/ Water Source Form**
 - See enclosed form

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Address _____

Date _____

AUTOMATIC FILLS/WATER SOURCE

pools, fountains, ponds, troughs and all other like reservoirs

Customer _____ Phone # _____

Tapped off which water source:

-POTABLE -IRRIGATION (**prohibited**)

Filled by:

-HOSE * -HBVB -AUTO -Complete Physical Air Gap -reduced pressure zone assembly

***A HOSE BIBB VACUUM BREAKER IS REQUIRE ON ALL MANUAL FILLS!**

Type of automatic pool fill system: _____

Automatic Fill Protection:

***reduced pressure zone assembly is required on all auto fills that do not have a complete physical air gap!**

Assembly: Make _____ model _____ serial # _____

Pool company _____ contact _____

Email _____ Office # _____ Cell# _____

***** Assembly Installer information *****

All backflow assemblies require a permit obtained from Benbrook Water Authority before the installation begins. It is your responsibility to call for inspection and test.

Company _____ contact _____

Email _____ Office# _____ cell# _____

Notes: