



RESIDENTIAL POOL PACKET

Town of Fairview

372 Town Place

Fairview Texas 75069

Phone: 972.886.4209

Fax: 972.548.0268

Inspection Line: 972.886.4250

inspections@fairviewtexas.org

permits@fairviewtexas.org

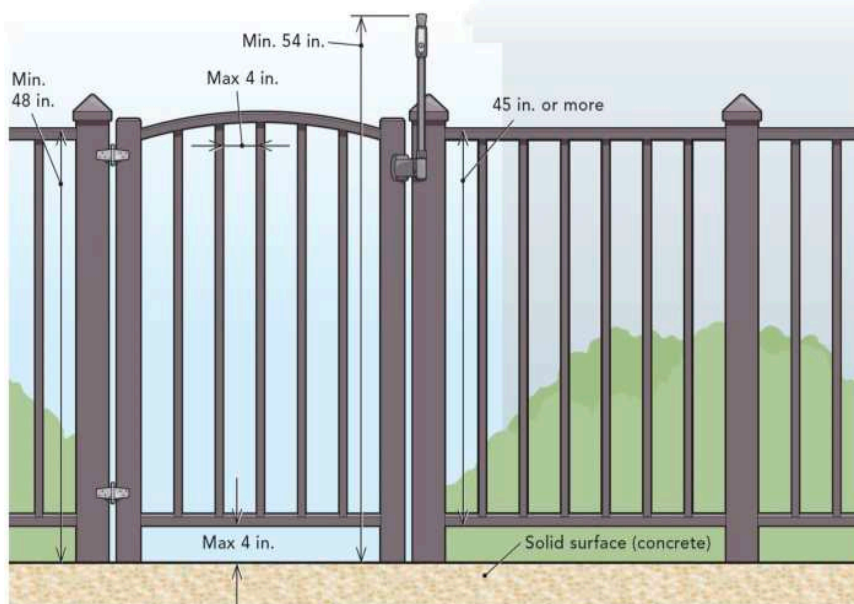


TOWN OF FAIRVIEW RESIDENTIAL SWIMMING POOL PERMIT REQUIREMENTS

PLANS SUBMITTAL:

Upload PDFs to permit:

1. Site plan includes 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. Impervious Surface Calculation Form
5. Certification of House Pool Protection Form
6. Drainage Affidavit
7. Fence plans required.



FEES:

1. Permit fee: \$225.00
2. Plan Review fee: \$75.00
3. Pool Demo fee: \$100.00

INSPECTIONS:

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

GENERAL:

1. Safety fencing must always be in place, except when it interferes with construction.
2. The permit holder is responsible for requesting and completing all required inspections.
3. Fences must conform to code. Pool will not pass final inspection without proper barriers.
4. Certification of House-Pool Protection Device Installation. Must be signed by homeowner only; and notarized.
5. Sand and D.E. filters are permitted only if supplied with a separation tank. **NO BACK-WASH PERMITTED TO DISCHARGE ON THE GROUND.** Chlorinated pool water cannot discharge into the storm drain or grass unless the level has dropped to 0.1ppm.
6. No decking or equipment allowed in utility or drainage easements without a signed waiver on file. Nothing related to pools allowed in the set-back area.
7. All applicable Town of Fairview codes/ordinances must be observed.
8. VGBA compliant SVRS required on all installations.
9. Where wastewater from pools or spas, such as backwash water from filters and water from deck drains discharge to a building drainage system, the connection shall be through an air gap in accordance with the International Plumbing Code or the International Residential Code as applicable in accordance with Section 102.7.1.
10. If discharging to your septic system, or on the ground of your property, make sure the chemicals or salt are at an acceptable level.
11. For saltwater pools: Saltwater pool water must be desalinated prior to discharge. Freshwater is less than 1,000 ppm while saltwater pools are around 3,200 ppm. Dilute freshwater to an acceptable concentration (less than 1000 ppm) or use a commercial treatment process.
12. Refer to Chapter 8 & 9 in the swimming pool and spa code for additional information.



Contractor Registration Application
(Select Only One Type Per Application)

Contractor Type:

- | | |
|---|--|
| <input type="checkbox"/> General Contractor | If renewal check here: <input type="checkbox"/> |
| <input type="checkbox"/> Swimming Pool | Cost for these contractors: |
| <input type="checkbox"/> Fence | \$50.00 New |
| <input type="checkbox"/> Irrigation | \$25.00 Renewal |
| <input type="checkbox"/> Sign | |

Contractor Type:

- | | |
|---|---|
| <input type="checkbox"/> Plumbing | <u>There is no charge for these contractor types</u>
Expiration based on License/Certificate expiration date |
| <input type="checkbox"/> Fire Alarm | |
| <input type="checkbox"/> Fire Sprinkler (Suppression) | |
| <input type="checkbox"/> Mechanical | |
| <input type="checkbox"/> Backflow/Septic | |
| <input type="checkbox"/> Electrical | If renewal check here: <input type="checkbox"/> |

Company Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ **Email:** _____ @ _____

Master/CEO Responsible for Supervision: _____

License/Certificate # _____ **Expiration Date:** _____

Driver's License # _____ **Expiration Date:** _____

I understand and agree that the above named shall be responsible for continuous supervision of all installation of all installations and repairs performed in the Town of Fairview under the above-named contractor and should such Master Licensee no longer be employed, no further work shall be performed until registration has been provided to the Building Inspections Department naming a new Master License holder. I will request all necessary inspections by the Town of Fairview to ensure compliance with all city regulations applicable for the proposed work.

Contractor's Signature: _____ **Date:** _____

*******Include a copy of your driver's license, master's license and/or certificate AND liability COI with the Town of Fairview identified as the Insured for processing**

******* Email information to: permits@fairviewtexas.org**

Information not received thru permits@fairviewtexas.org will not be processed.



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 ground coverage of all buildings and impervious surfaces to 35% in the RE-1 district, 30% in the RE-1.5 district, and 25% in the RE-2 & RE-3 districts.

Violations may result in citation and removal of structures exceeding the total allowed impervious surface area. 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	_____	
Proposed new use (s)	_____	sq ft.
	_____	sq ft.
	_____	sq ft.

Total square footage _____ (a)

Total Impervious Surface (sq ft) _____ (b)

Lot size (sq ft) _____

Impervious Surface to Lot Ratio

_____	divided by	_____	=	_____
Total Impervious Surface		Lot Area		Impervious Surface 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
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_____ Applicant Signature	_____ Print Name	_____ Date
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State of Texas
County of _____

This instrument was acknowledged before me on _____
by _____.

Signature of Notary: _____
Printed Name: _____
My commission expires: _____



Inspection Request

Inspection hours are from 8:00am-4:00 pm Monday – Friday. To request your inspection please call the Inspection Request line at 972-886-4250 or at inspections@fairviewtexas.org before 4:00 PM to receive your inspection the next business day. If you call in your inspection on Saturday or Sunday you will not receive your inspection until Tuesday.

Please provide:

1. Your name
2. The address where work is to be inspected. Suite Numbers. Lock Box code and instructions to the inspector if needed for entry. Example: “Access hatch is in electrical room on north side of building “or “Homeowner will meet you between 11am and 1pm”
3. Call back telephone number/ onsite contact if required.
4. Permit number
5. Type of inspection
6. Time you are requesting the inspection to take place.
7. If you are requesting an RVI inspection, please have all photos uploaded to your permit prior to calling for RVI inspection.

Please note: When calling for inspections, the inspection will be scheduled for the next business day. If you need same day inspection, we must receive it by 8:00am or it will be assigned the next business day.

Emergency Inspections may be called in at anytime and will incur a \$75.00 inspection fee and must be paid prior to inspection. Emergency inspections on weekends will incur a \$150 inspection fee and you must call 469.628.4913. Please leave detailed voice mail and return contact number.



Photo/Video Inspection Certification

I hereby swear and affirm that the photos and/or videos which I have submitted for review in conjunction with the Permit listed below is a true and accurate documentation of the work performed.

I acknowledge that by submitting inaccurate or incorrect information, photos or videos, I am falsifying official government documents of the Town of Fairview and may be prosecuted to the fullest extent of the law, which may include fines and citations from the Town of Fairview and further action from the State of Texas. I also understand that the Town of Fairview may not accept these photos and/or videos as sufficient and may require an onsite visit or more photo/video documentation.

*This must be signed and on file prior to scheduling this inspection.

PERMIT NUMBER: _____ DATE: __ __ __ __

ADDRESS OF WORK PREFORMED: _____

TYPE OF WORK: _____

NAME OF COMPANY: _____

PRINT NAME OF (CONTRACTOR/RMP): _____

LICENSE NUMBER OF (CONTRACTOR/ RMP): _____

SIGNATURE OF (CONTRACTOR/ RMP): _____



Certification of House-Pool Protection Device Installation

I certify that I am the homeowner at _____ and that one of the following swimming pool protection devices will be installed between all doors leading from the house and garage into the swimming pool area at or before the pool final inspection (check one or both if provided).

_____ 1. All doors leading into the pool area are equipped with an alarm that sounds continuously for at least thirty (30) seconds within seven (7) seconds after the door and its screen, if present, are opened. It must be capable of providing a sound pressure level capable of being heard throughout the house during normal household activities. The alarm shall automatically reset under all conditions and be equipped with a manual means, such as a touch pad or switch, to temporarily deactivate the alarm for a single opening. Such deactivation shall last no longer than 15 seconds. The deactivation device shall be located at least 54 inches above the threshold of the door.

_____ 2. All doors leading into the pool area are equipped with self-closing and self-latching devices installed within the release mechanism located a minimum of 54 inches above the floor.

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

Printed Name of Homeowner: _____

Signature of Homeowner: _____

Date: _____

THE STATE OF TEXAS COUNTY OF _____ §

BEFORE ME, the undersigned authority, a Notary Public in and for the State of Texas, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this the ___ day of _____, 20__

Notary Seal:

_____ Notary Public in and for the State of Texas

Penal Code Section 37.10 states that a person commits a Class A misdemeanor if they knowingly make false entries in, or false alteration of, a governmental record or makes, present or uses any record, document, or thing with knowledge of its falsity and with intent that it be taken as a genuine governmental record.