



City of
West University
Place

Public Works Department
Development Services

**BUILDING—SWIMMING POOL/SPA
CONDITION OF PERMIT**

PROJECT		
ADDRESS		
CITY	STATE	ZIP CODE
PERMIT NUMBER		
OWNER		
FIRST NAME	LAST NAME	
MAILING ADDRESS		
PHONE	EMAIL	
CONTRACTOR		
FIRST NAME	LAST NAME	
PHONE	EMAIL	
COMPANY NAME		
CONTRACTOR REGISTRATION NUMBER	COMPANY PHONE	
COMPANY ADDRESS		

ACKNOWLEDGMENT	
<p>I, the owner, acknowledge that before any water is placed in the swimming pool/spa for which a permit is being applied for, all code required enclosure requirements—fencing, gates, latches, any required door alarms and pool/spa equipment stub-outs—will be installed and approved by City of West University Place, via city inspection.</p> <p>COMPLIANCE WITH THE CITY TREE DISPOSITION SHALL ALSO BE COMPLETE AND APPROVED BY CITY FORESTER.</p>	
OWNER'S SIGNATURE	DATE
PRINT NAME	
CONTRACTOR (PERMITTEE) SIGNATURE	DATE
PRINT NAME	

OFFICIAL USE ONLY	
RECEIVED BY	
SIGNATURE	DATE SUBMITTED