



# Pool Application

**Please print all information clearly.**

**Please submit 4 sets of construction plans and 4 sets of site plans with your application. Show any trees to be removed on the site plans. If no trees to be removed, owner's signature required here: \_\_\_\_\_ . If trees to be removed, tree removal application must be completed and attached to this application.**

\_\_\_\_ In ground Pool

\_\_\_\_ Above ground Pool

Job Address: \_\_\_\_\_

Distance of pool from house and/or other structures on property:

\_\_\_\_\_  
Name of applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact person: \_\_\_\_ Applicant \_\_\_\_ Property Owner \_\_\_\_ Contractor

**Property Owner**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of property owner: \_\_\_\_\_

**Contractor**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of contractor: \_\_\_\_\_

Please list all subcontractors who will perform work on this permit.

**Electric**

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Plumbing**

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**ALL CONTRACTORS MUST BE CURRENTLY REGISTERED WITH THE TOWN OF  
CROSS ROADS**

\_\_\_\_\_  
Permit Amt. \$ \_\_\_\_\_ Ck# \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Receipt # \_\_\_\_\_

Inspections Needed: \_\_\_\_\_ Total \$ \_\_\_\_\_

Total Permit Amt including Inspections: \$ \_\_\_\_\_

3201 US HWY 380 Suite 105  
Cross Roads, TX 76227  
TEL 940/365-9693 FAX 940/665-6898  
CrossRoadsTX.gov