



## Development Services Department Pool Requirements

All pools shall comply with the 2015 IBC, 2015 IRC, 2018 ISPSC along with various sections of the 2018 IPC, 2020 NEC, and City of Joshua Amendments to each.

**Note:** For Apartment or Commercial pools plans must show fence or barrier, location of pool equipment, parking spaces, and stamped approval by the Health Department. Health Department approval can be obtained at Arlington TX, 1301 S. Bowen Rd. Ste 200 817-264-4500.

Prior to permit submittal the plans must be stamped and signed off by Oncor or United Coop Services. This is to verify that the pool will not be placed under any electrical lines. The Indemnity and Release form must be completed, signed, and attached to the submitted plans. Oncor or United Coop review time is estimated at five (5) working days unless changes need to be made.

### **Submittal for Permit:**

1. Two (2) complete detailed sets of construction and site plans showing where the pool will be located in reference to the residence or business and must include:
  - a. Size
  - b. Depth
  - c. Dimensions
  - d. Site plan must show property lines and easements
  - e. Front, side, and rear yard setbacks
2. A completed copy of the Pool Entrapment Form (Residential only)
3. The volume, system flow rate in gallons per minute, and turnover in hours
4. The type and size of filtration
5. The type and size of pool/spa heater.
6. The pool/spa layout with all sizes shown and types of materials to be used; location of main outlet, surface skimmers, and inlets.
7. The size and length from source to heater and routing of gas line, if applicable.
8. A copy of the legally certified plat (\*Residential- Only required if item "D" is not stamped by a licensed surveyor)

**Plats can be obtained at the Johnson County Courthouse, 2 N. Main St. Cleburne TX 76033  
Property Recording 817-202-4000 Ext. 2531 B15.**

All plans must be drawn to scale, have a labeled "North Arrow" and contain the Legal Description of the property (Block, Lot, and Addition/subdivision) along with the correct street address.

Development Services Permitting Department 817-558-7447 x2013 or 2014

***It is the responsibility of the pool contractor/homeowner to call Texas Excavation Safety System (TESS) and request a utility line locate before pool plans are submitted.  
Contact: 811 by phone or 800-DIG-TESS      Online: Texas811.org***

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### Private Residential Pool/Spa/Hot Tub

This form is required with all permit applications for Private Residential Site-Built Pool/Spa/Hot Tubs

Project Address: \_\_\_\_\_ Date: \_\_\_\_\_  
Pool Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pool Company, Responsible Individual: \_\_\_\_\_

Maximum water depth: \_\_\_\_\_ Approx. # of gallons \_\_\_\_\_  
Number of pumps: \_\_\_\_\_ \$ value: \_\_\_\_\_

Maximum Calculated flow of water in suction piping:

1. in any normal branch piping: \_\_\_\_\_ (Cannot exceed 3 feet per second)
2. in any branch piping when one outlet is blocked: \_\_\_\_\_ (Cannot exceed 6 feet per second)
3. in any other suction piping: \_\_\_\_\_ (Cannot exceed 8 feet per second)

Number of submerged

Covers/Grates: \_\_\_\_\_

Type used (check all that apply):

- ☐ Single unblockable  
☐ Dual  
☐ Three-or-more

Are any of the following used:

- ☐ Vacuum release systems  
☐ SVRS systems  
☐ Engineered vent systems

Based on the number of cover/grates per system, is the listed flow rate of the cover or grate rated at least (see table) of the maximum system flow rate? Yes or No.

Number of covers/grates	Rating of each cover/grate is at least as much as this % of the maximum system flow rate.	Check as applicable
1	100%	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	100%	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	66.7%	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	50%	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	40%	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	33.3%	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature: \_\_\_\_\_

**Inspection:** The inspector will perform a piping and outlet spacing inspection per ANSI/APSP/ICC 7-13 when doing the steel inspection.