



Permit No.: \_\_\_\_\_

**TRAVIS COUNTY  
WATER CONTROL AND IMPROVEMENT DISTRICT NO.17  
3812 ECK LANE • AUSTIN, TEXAS 78734  
PHONE (512) 266-1111 • FAX (512) 266-2790**

**POOL PERMIT APPLICATION**

**FEES**

- \_\_\_ Permit (\$50)
- \_\_\_ Gas Inspection (\$60/Residential) (\$70/Commercial)
- \_\_\_ Final Inspection (\$60/Residential) (\$70/Commercial)

**POOL PLAN REQUIREMENTS**

- \_\_\_ Notation of Pool Heater
- \_\_\_ Notation of Manual Fill or Autofill (note RPZ)
  - \_\_\_\_\_ Manual Fill      \_\_\_\_\_ Auto Fill
- \_\_\_ Notation of Gas Type
  - \_\_\_\_\_ Electric      \_\_\_\_\_ Propane      \_\_\_\_\_ Natural Gas
- \_\_\_ What sources will the gas be supplied to?
  - \_\_\_\_\_ Pool Heater      \_\_\_\_\_ Grill      \_\_\_\_\_ Outdoor Kitchen      \_\_\_\_\_ Firepit
- \_\_\_ Gas Point of Delivery
  - \_\_\_\_\_ From propane tank to the house to pool (gas line and connection inspected by WCID No.17)
  - \_\_\_\_\_ From propane tank to pool (only gas line to heater connection inspected by WCID No. 17)
  - \_\_\_\_\_ From house to pool
- \_\_\_ Any Other Plumbing Fixtures?
  - \_\_\_\_\_ Fountain
  - \_\_\_\_\_ Other: \_\_\_\_\_
- \_\_\_ Will the irrigation system be altered during construction?
  - \_\_\_\_\_ No      \_\_\_\_\_ Yes (will require irrigation permit)

|                                                                                    |       |        |            |
|------------------------------------------------------------------------------------|-------|--------|------------|
| Address of Property:                                                               |       |        |            |
|                                                                                    | City: | State: | Zip:       |
| Whom were you hired by:      _____ Builder/General Contractor      _____ Homeowner |       |        |            |
| Builder/Homeowner's Name:                                                          |       |        | Telephone: |
| Email Address:                                                                     |       |        |            |
| Pool Company:                                                                      |       |        |            |
| Address:                                                                           |       |        |            |
|                                                                                    | City: | State: | Zip:       |
| Contact Person:                                                                    |       |        | Telephone: |
| Email Address:                                                                     |       |        |            |
| Gas/Plumbing Company:                                                              |       |        |            |
| Contact Person:                                                                    |       |        | Telephone: |
| Email Address:                                                                     |       |        |            |