



**CITY OF LAGO VISTA  
 DEVELOPMENT SERVICES  
 5803 THUNDERBIRD SUITE 103  
 PO BOX 4727 LAGO VISTA, TX. 78645  
 512-267-5259 FAX 512-267-5265**

**APPLICATION**  
**FOR SWIMMING POOL/SPA PLAN REVIEW**

Date Plans Submitted \_\_\_\_\_ 2 sets required \_\_\_\_\_

Please check the appropriate item below that pertains to the Plan Design being submitted:

Pool \_\_\_\_\_ Spa \_\_\_\_\_ Combination Pool and Spa \_\_\_\_\_  
 Facility will be located: Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_

Name of Facility \_\_\_\_\_

Address of Facility \_\_\_\_\_

Name and Address of Owner \_\_\_\_\_

\_\_\_\_\_ Phone Number \_\_\_\_\_

Name and Address of Contractor \_\_\_\_\_

\_\_\_\_\_

Contact Person \_\_\_\_\_

Name

Daytime Phone Number

Applicant's Signature \_\_\_\_\_

**NOTE: ALL FEES ARE REQUIRED TO BE PAID IN FULL TO THE CITY OF LAGO VISTA PRIOR TO APPLICATION BEING ACCEPTED FOR PROCESSING. PLANS THAT ARE DISAPPROVED WILL HAVE TO BE CORRECTED, RE-SUBMITTED AND APPROVED PRIOR TO STARTING CONSTRUCTION.**

**OFFICE USE ONLY TO BE FILLED OUT BY ATCHHSD**

Permit # \_\_\_\_\_ Date Received \_\_\_\_\_

Plans Reviewed and Approved By \_\_\_\_\_ Date Approved \_\_\_\_\_

Date Returned to City of Lago Vista Development Services \_\_\_\_\_

\_\_\_\_\_