



POOL/SPA/PIWF PERMIT APPLICATION

CHECK ONE: INITIAL/NEW FACILITY NEW OWNERSHIP RENEWAL AMENDED INFO

Name of Facility: _____

Physical Address: _____

City: _____ State: TX Zip: _____ Phone #: _____

Name of Owner/Operator (Responsible Party): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone # _____ E-mail: _____

Name of Property Owner (if different): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone # _____ E-mail: _____

Type of Property: Hotel/Motel Apartment/Condo HOA/MUD City/County Commercial
Type / # of Facilities (check all that apply) Pool Spa Public Interactive Water Feature
Water Source: Public Private **Name of water supply:** _____ **Year Built** _____
Dates of operation: seasonal from _____ **to** _____ **or** _____ **all year long**

First Pool/Spa/PIWF facility at the address:	\$250.00/yr.
Additional Pool/Spa/PIWF facilities at the same address:	\$150.00/yr.
One-time Pre-Permitting Inspection fee: Waived if application submitted by 9-30-2021	\$150.00

- **Permit fees are assessed per facility located on the property, at this address.**
- **Additional fees may be assessed for compliance reinspections conducted to verify correction of violations.**
- **Permits must be renewed every year by close of business March 31; late fees assessed after 30 days.**
- **Operating a pool/spa/PIWF facility without a current permit is a violation of WCCHD, City and County Regulations and may result in legal action.**

Application is hereby made for a permit to operate a public or semi-public swimming pool, spa or interactive water feature. By this application it is agreed that the permit holder, its representative, and applicant will comply with all applicable orders, regulations and ordinances including supervision, maintenance, operation, and safety of the pool or spa. It is further agreed that inspectors of the Health District are authorized and empowered to enter upon and make inspections of the premises of the facility while the pool/spa is in operation or use and at any other reasonable time.

I HAVE READ AND UNDERSTAND THE CONDITIONS OF THIS APPLICATION / PERMIT:

Applicant Signature **Printed Name** **Date**

-----**FOR OFFICE USE ONLY**-----

 \$ _____
 Date Paid Amount Paid Permit #

Receipt # _____ Check / Money Order # _____ Cash _____ Credit Card _____