



# APPLICATION FOR SWIMMING POOL PERMIT

CITY OF PLANO HEALTH DEPARTMENT  
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**FULLY COMPLETED APPLICATION MUST ACCOMPANY PAYMENT FOR PERMIT TO BE ISSUED.  
IF YOU HAVE MULTIPLE POOLS YOU MUST COMPLETE AN APPLICATION FOR EACH POOL/SPA.  
THANK YOU FOR YOUR COOPERATION.**

NEW PERMIT: \_\_\_\_\_ RENEWAL PERMIT: \_\_\_\_\_ NEW OWNER: \_\_\_\_\_ NAME CHANGE: \_\_\_\_\_

ANNUAL PERMIT FEE: \_\_\_\_\_ DATE: \_\_\_\_\_ ANTICIPATED OPENING DATE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

MANAGER'S NAME: \_\_\_\_\_

BUSINESS PHYSICAL ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX NO.: \_\_\_\_\_ EMAIL: \_\_\_\_\_

RENEWAL/BILLING ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX NO.: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX NO.: \_\_\_\_\_ EMAIL: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

**NOTE: EXPIRATION OF POOL PERMIT SUBJECTS FACILITY TO IMMEDIATE CLOSURE.**

THIS PORTION TO BE COMPLETED BY HEALTH DEPARTMENT

PERMIT NO.: \_\_\_\_\_ FEE: \_\_\_\_\_

PAYMENT DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

RECEIPT NO.: \_\_\_\_\_ CHECK#/CASH: \_\_\_\_\_

NEIGHBORHOOD UNIT: \_\_\_\_\_ INSPECTOR: \_\_\_\_\_

HEALTH AUTHORITY SIGNATURE: \_\_\_\_\_