



APPLICATION FOR SWIMMING POOL PERMIT

CITY OF PLANO HEALTH DEPARTMENT
PO BOX 860358
PLANO, TX 75086-0358
PHONE: (972) 941-7143 FAX (972) 941-7142

**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.**

FEE SCHEDULE: \$200.00 FOR FIRST POOL/SPA, \$100.00 FOR EACH ADDITIONAL POOL/SPA

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: _____