



POOL AND SPA PERMIT APPLICATION

Waco-McLennan County Public Health District
Environmental Health Division

Mailing: 225 West Waco Drive, Waco, TX 76707

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PLEASE READ ENTIRE APPLICATION AND FILL IN ALL BLANKS COMPLETELY. FAILURE TO DO SO CAN RESULT IN DELAYS.

Application is hereby made for a permit to operate a public or semi-public swimming pool or spa. By this application it is agreed that the permit holder, its representative, and applicant will comply with the local city ordinances or County order 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 permit holder while the pool/spa is in operation or use and at any other reasonable time.

Name of Facility: _____

Name of Corporation (if applicable): _____

Owner's Name: _____

Person Responsible: _____ **Title:** _____

Phone Number: _____ **Emergency Number:** _____

Physical Address: _____
Street City State Zip Code

Mailing/Billing Address: _____
Street City State Zip Code

Email Address: _____

Number of: Pools _____ Spas _____ Wading Pools _____ Interactive Water Play _____ Other _____

Certified Pool Operator: _____ **Phone Number:** _____

Operating Season: _____

Upon receipt of this application and payment of fee, the Health District shall inspect the facilities to determine compliance with the provisions of applicable regulations. When in compliance, a permit shall be issued to the applicant by mail. Said permit shall be valid for one year unless revoked or suspended. Operating without a valid permit is a violation of city ordinance or County order. Please make checks payable to "City of Waco". Permits and fees are non transferable and non refundable.

Date of Application _____ **Applicant Signature** _____ **Applicant Name (Printed)** _____

Office Use Only _____ **Notes:** _____ **Area** _____
____ EnerGov
____ Copy to Inspector
____ File/Label