

Phone: (806)-378-9472  
TDD: (806)-378-4229  
Fax: (806)-378-3585  
ehealth@amarillo.gov



Receipt # _____
Date Paid _____
Permit # _____

## Amarillo Bi-City-County Health District

### Application for a Voluntary Construction Compliance Inspection

Name of Establishment:	_____
Address of Establishment:	_____
Name of person/business requesting inspection:	_____
Mailing address:	_____ City: _____ State: _____ Zip: _____
Email address:	_____
Contact number:	_____

Applicant's signature \_\_\_\_\_ Hours of operation \_\_\_\_\_

Inspection fee:	\$78.00
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Mail Application and Permit Fee To  
**Environmental Health Department**  
PO Box 1971  
Amarillo, TX 79105-1971

Physical Address  
**Environmental Health Department**  
808 S. Buchanan  
Amarillo, TX 79101