

Permit # \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
 Date Mailed \_\_\_\_\_



Receipt # \_\_\_\_\_  
 Date Paid \_\_\_\_\_  
 Date Expires \_\_\_\_\_

Phone: (806)-378-9472  
 Fax: (806)-378-3585

TDD: (806)-378-4229  
 ehealth@amarillo.gov

## Amarillo Area Public Health District

### Swimming Pool, Spa, PIWF Permit Application

Name of Establishment: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Information: Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner's Contact: Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Special Mailing Instructions: \_\_\_\_\_

**Check all that applies:**

	Pool	Spa	PIWF	Annual	Seasonal	Pre 10-99	Post 10-99	Indoor	Outdoor	Diving board/slide
Unit 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We recommend that you familiarize yourself with the City Ordinances and the Texas Administrative Code Standards for Swimming Pools, Spas and PIWF regarding the laws established for operation of public swimming pools, spas and PIWF. Amarillo and Canyon have ordinances in addition to the State Rules. The State law applies in both Potter and Randall Counties.

It is hereby stipulated and agreed by the undersigned, who is the applicant for such permit, that in consideration for the issuance of such permit, the said applicant will confirm with all the provisions of said Ordinances and with all orders that may be made from time to time by the Health Officer or his representative, and it is further stipulated and agreed that the Health Officer or his representative is granted permission to inspect the premises and equipment of the undersigned in so far as it pertains to the conduct of his/her business or provisions of the Ordinances and that the information given herein is true and correct.

IT IS FURTHER AGREED THAT AN ANNUAL FEE OF \_\_\_\_\_ WILL BE PAID IN ADVANCE FOR SUCH PERMIT

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

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

October 2019