

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 Operational Permit Application

Name of Establishment: _____

Establishment Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Establishment Contact Information: Phone: _____ Fax: _____ Email: _____

Name of Owner or Corporation: _____ Attention: _____

Owner's Mailing Address: _____ City: _____ State: _____ Zip: _____

Owner's Contact: Phone: _____ Fax: _____ Email: _____

Which best describes this application: Change of Owner New Establishment

Check all that applies:										
	Pool	Spa	PIWF	Annual	Seasonal	Built Pre 10-99	Built Post 10-99	Indoor	Outdoor	Diving board/slide
Unit 1	<input type="checkbox"/>									
Unit 2	<input type="checkbox"/>									
Unit 3	<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.

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