

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



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

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

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: \_\_\_\_\_

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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"/>	<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"/>

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