Greenville

FOR OFFICIAL USE ONLY	
Inspection Date:	_____
Approved	Denied

SWIMMING POOL/SPA PERMIT APPLICATION
PUBLIC/SEMIPUBLIC

□New Application □ Permit Renewal □ Other _____

Facility Information

Please Print Legibly

Name of Property: _____ □ individual □ firm □corporation □partnership

Address: _____ Greenville _____ TX _____

Street City State Zip

Property Owner: _____ Phone No.: _____

Owner Address: _____

Street City State Zip

□ Apartment □Hotel/Motel □Health Club □ School Institution □ Other

Operator Information

Property Manager/HOA Rep: _____ Phone #: _____

Address: _____

Street City State Zip

Certified Pool Manager: _____ Certificate #: _____

City of Greenville Code requires persons operating public/semipublic pools/spas to employ a certified pool manager who is registered with the city. HOA's with semipublic pools may employ off premises management companies but are still required they be certified pool managers and register with the City of Greenville. (Sec 10.04.065)

Pool/Spa Information

Number of Pools: _____ Number of Spas: _____ Disinfectant Used: _____

Filter equipment used: _____

Pool/Spa Locations: _____

Permit Fees:	First public/semipublic pool/spa	$100.00
	Each additional public/semi public pool/spa	$50.00

NOTICE TO APPLICANT;

Permits to operate public/semipublic pool will not be issued until application, permit fee, and inspected by health authority. Fees will not be charged for government agencies, independent school district, institution of purely public charity or church but **ARE** subject to all other provisions. The permit is nontransferable, valid for one year from date of issuance, and must be posted.

In consideration of this permit, I understand and agree to familiarize myself and comply with all laws and ordinances applicable to operation of said business and further agree to permit unrestricted access to an authorized representative of the City of Greenville for the purpose of conduction inspection necessary to verify compliance with applicable regulation. I certify that the submitted information is correct and I fully understand that any deviation from the above without prior permission from the Regulatory Authority may nullify the permit.

_____ _____ _____

Signature of Owner or Agent: Title Date

_____ _____

Texas Driver's License or Texas Identification Number Date of Birth

Department of Community Development, PO Box 1049, 2315 Johnson St., Greenville, Texas 75403
Phone (903)457-3161 Fax (903)457-0503