CITY OF BALCONES HEIGHTS

3300 Hillcrest
Balcones Heights, Texas 78201

HEALTH INSPECTION DEPARTMENT

APPLICATION FOR LICENSE TO OPERATE
PUBLIC SWIMMING POOL

Date of Application: _____ Type of Business: _____

Trade Name: _____ Owner Name: _____

Address: _____ Address: _____

City/State _____ City/State: _____

Phone _____ Phone: _____

Email _____ _____

Number of Pools at this location: _____ Total: _____
(Note: Fee is $75.00 for 1st pool and $20.00 for each additional pool)

_____
Applicant's Name and Title

_____
Applicants Signature

FOR OFFICE USE ONLY

☐ New Installation ☐ Ownership Change
☐ Renewal ☐ Other

INSPECTORS REPORT

To The City Secretary:
After having made a careful inspection of the premises in the above styled application
On _____, 20____.

[ ] APPROVE the issuance of a License to Operate.
[ ] DISAPPROVE the issuance of a License to Operate for the following reasons:

_____
_____