Application for Swimming Pool/Spa Inspection

Please contact Town Hall once this form has been submitted to make payment.

	New Application			Permit Renewal
	Change of Owner			Other:

Hours of Operation

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Facility Information

☐ **Apartment** ☐ **Hotel/Motel** ☐ **Health Club** ☐ **School Institution** ☐ **HOA** ☐ **Other**

Name of Property:_____

Address/Location:_____

Pool/Spa Information

# of Pools:_____ # gallons each:_____ # of spas: _____ # gallons each:_____

Disinfectant Used:_____ Filter equipment used:_____

Pool/Spa Location:_____

Certified Pool Operator

Name:_____

Direct Phone:_____Email Address:_____

Physical Mailing Address:_____

City:_____State:_____Zip:_____

Property Owner:

If Ownership is a partnership, gives names, street addresses, city, state, zip & phone numbers of partners. If Corporation, give names, street address, city, state, zip & phone number of corporate/district office.

Name:_____

Direct Phone:_____Email Address:_____

Physical Mailing Address:_____

City:_____State:_____Zip:_____

PHONE: 940-365-9333
MAILING ADDRESS: 1755 Main Street, Providence Village, TX 76227
EMAIL: permits@pvtx.gov

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If Property Owner is a business, list the Registered Agent as recorded with the Texas Secretary of State:

Name:_____

Direct Phone:_____ Email Address:_____

Physical Mailing Address:_____

City:_____State:_____Zip:_____

Local Individual Property Manager:

Name:_____

Direct Phone:_____Email Address:_____

Physical Mailing Address:_____

City:_____State:_____Zip:_____

For the application to be considered complete the following applicable items are required:

- Proof of ownership
- Management agreement
- Notarized Letter of Authorization
- Additional documentation as needed
- Property owner's driver license
- Property manager's driver license
- Certified Pool Operator's driver license & certificate

Notice: *All fees are non-refundable. Incomplete applications or applications received without fees will not be processed.*

This application MUST be filled out completely, legibly, and correctly or it will NOT be accepted.

I certify that all facts stated in this application are true and correct.

Signature:_____
[Owner of Establishment]

Printed Name of Signatory:_____

Date:_____

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