



Swimming Pool | Spa Permit Renewal Application: Non-Exempt

Application Date: _____

Code Services Department

410 N. Tennessee St | McKinney, TX 75070

P: 972-547-7440 | F: 972-547-2606

HealthInfo@McKinneyTexas.org

• Form **MUST** be completed before Permit(s) are issued.

• Failure to update contacts, emails and phone numbers as they change could result in additional fees and delay of permit.

Fee: \$500.00

Make checks payable to: City of McKinney

Permits that are over 30 days expired have a \$200 late fee added to them.

Site Information

Name of Pool: _____

Address: _____

Gate Code: _____

Date pool was built: _____

Total number of pools: _____

Total number of spas: _____

Diving Board:

Yes

No

Maximum User Load

Pool: _____

Spa: _____

Wade Pool: _____

According to the Texas Department of Health Standards for Public Swimming Pool/Spa, Section 265.199(f)(1), the following must be provided onsite during hours of operation, for Class B & C pools with diving boards:

Lifeguard Name 1: _____

ARC:

Yes

No

Lifeguard Name 2: _____

ARC:

Yes

No

Second Responder Name: _____

Projected season length | Pool opening & closing dates: _____

Volume of pool (gallons): _____

Turnover rate of pool: _____

Manager: _____

Office #: _____

Cell #: _____

Driver's License #: _____

Email: _____

Property Owner Information

Property Owner / Corp: _____

Office #: _____

Cell #: _____

Address (including City/State/Zip): _____

Email: _____

I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. FALSIFIED INFORMATION MAY RESULT IN THE REVOCATION OF THIS PERMIT AND THE ISSUANCE OF MUNICIPAL CITATIONS. ANY CHANGES WILL BE PROMPTLY FORWARDED TO THE HEALTH COMPLIANCE DIVISION.

Applicant Name (Printed)

Applicant Signature

Contact Phone

Driver's License #

Applicant is:

Business Owner

Manager

Other: _____