



CITY OF PASADENA PUBLIC HEALTH DEPARTMENT

P. O. BOX 672
PASADENA, TEXAS 77501 (713) 475-5529

OFFICE USE ONLY

BUSINESS # _____
LICENSE # _____
RECEIPT # _____

PERMITTED
YEAR - _____

SWIMMING POOL PERMIT APPLICATION

PERMIT FEE \$100.00 PER POOL

PERMIT FEE IS NON-TRANSFERABLE AND NON-REFUNDABLE

ESTABLISHMENT NAME: _____

ESTABLISHMENT ADDRESS: _____ ZIP: _____

BUSINESS PHONE #: _____ EMERGENCY PHONE #: _____

E-MAIL ADDRESS: _____ FORMERLY KNOWN AS: _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____ CITY, STATE: _____ ZIP: _____

PHONE #: _____ IF CORPORATION, REGISTERED AGENT/LOCAL

REPRESENTATIVE NAME: _____

BUSINESS ADDRESS: _____ CITY, STATE: _____ ZIP: _____

PHONE #: _____

OWNER OF REAL ESTATE: _____

ADDRESS: _____ CITY, STATE: _____ ZIP: _____

PHONE: _____

Where is pool located on property? i.e. next to office, behind office, next to building number _____

Description of swimming pool (dimensions, depths, gallons): _____

Description of servicing equipment (name & type of chlorinator & filter): _____

Projected number of swimmers (June-August) _____ Approximate open date: _____

Is this pool used all year/seasonally? _____ What year was pool installed? _____

Emergency 911 Phone Number: _____

I certify that all information in this application is true. I understand that the permit issued is nontransfer-able, and that the permit remains the property of the City of Pasadena Health Department, and is subject revocation if the establishment fails to comply with applicable city ordinances or state laws.

DATE: _____

SIGNED: _____

Date received: _____

Approved: _____

Amount received: _____

Disapproved: _____

Permit number: _____

Date issued: _____

The City of Pasadena, Texas does not discriminate on the basis of race, color, national origin, sex, religion, age, or the handicapped status in employment or the provision of services.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED