JUSTIN
1887

Health Swimming Pool/Spa/ Application

Application Type and Number of Pools

☐ Pool _____ ☐ Spa _____ ☐ Wading Pool _____ ☐ Other _____

Type of Facility:

☐ Apartment ☐ Business ☐ Daycare/School ☐ Gym ☐ HOA

Pool Information: Open ☐ Year Round ☐ Seasonal: Opening Date:

Name of Establishment: _____ Year Built: _____

Address: _____

Property Owner Information

Property Owner Name: _____

Property Owner Address: _____

Phone: _____ Email: _____

Emergency Phone: _____

IF Company: Contact Person/Title: _____

Phone: _____ Email: _____

Property Management Company

Name of Property Management Co.: _____

Address: _____

Agent's Name: _____ Phone: _____

Email: _____

Development Services
415 N. College Ave.
Justin, TX 76247
(940) 648-2541

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Operator of Pool/Spa (include copy of CPO, AFO or National LAFT Certification)

Name: _____

Pool Company: _____

Address: _____

Phone: _____ Email: _____

Certificate Number: _____ Date Issued: _____

CERTIFIED STATEMENT - SIGNING BELOW ATTESTS TO EACH OF THE FOLLOWING STATEMENTS

- ❑ I UNDERSTAND THAT AFTER THIS APPLICATION HAS BEEN FILED, THE PERMIT FEE WILL NOT BE REFUNDED REGARDLESS OF APPROVAL OR DENIAL OF THE PERMIT, AND THAT THE PERMIT IS NOT TRANSFERABLE.
- ❑ I UNDERSTAND THAT ANY PERMIT GRANTED ON THIS APPLICATION MAY BE SUSPENDED OR REVOKED AND THAT FAILURE TO COMPLY WITH THE CODE OF ORDINANCES SHALL BE DEEMED SUFFICIENT CAUSE FOR THESE AND OTHER ENFORCEMENT ACTIONS.
- ❑ TO THE BEST OF MY KNOWLEDGE ALL DOCUMENTS SUBMITTED AND ALL INFORMATION PROVIDED IN THIS APPLICATION ARE TRUE, ACCURATE AND COMPLETE.
- ❑ SHOULD ANY OF THE INFORMATION GIVEN ON THIS APPLICATION CHANGE OR BECOME IN ANY WAY INVALID, I WILL NOTIFY THE ENVIRONMENTAL SERVICES DEPARTMENT IN WRITING WITHIN FIFTEEN (15) DAYS OF THAT CHANGE.

I, the undersigned, do hereby certify that I am the Authorized Agent/Owner of the establishment above described and that I am applying for this permit at the request and with the permission of the same.

I authorize the Health Inspector and any other authorized City Staff to enter the establishment to complete any inspections necessary in conjunction with the issuance of this health permit, to perform inspections in connection with the issued permit, and to investigate possible code enforcement issues with this establishment.

Applicant Signature: _____ Date: _____

Applicant Name (Please Print): _____