

Permit # _____
 Date Issued _____
 Date Mailed _____



Receipt # _____
 Date Paid _____
 Date Expires _____

Phone: (806)-378-9472
 Fax: (806)-378-3585

TDD: (806)-378-4229
 ehealth@amarillo.gov

Amarillo Bi-City-County Health District

Swimming Pool, Spa, PIWF Permit Application

Name of Establishment: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact Information: Phone: _____ Fax: _____ Email: _____

Name of Owner: _____

Owner's Address: _____ City: _____ State: _____ Zip: _____

Owner's Contact: Phone: _____ Fax: _____ Email: _____

Special Mailing Instructions: _____

Check all that applies:

	Pool	Spa	PIWF	Annual	Seasonal	Pre 10-99	Post 10-99	Indoor	Outdoor	Diving board/slide
Unit 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We recommend that you familiarize yourself with the City Ordinances and the Texas Administrative Code Standards for Swimming Pools, Spas and PIWF regarding the laws established for operation of public swimming pools, spas and PIWF. Amarillo and Canyon have ordinances in addition to the State Rules. The State law applies in both Potter and Randall Counties.

It is hereby stipulated and agreed by the undersigned, who is the applicant for such permit, that in consideration for the issuance of such permit, the said applicant will confirm with all the provisions of said Ordinances and with all orders that may be made from time to time by the Health Officer or his representative, and it is further stipulated and agreed that the Health Officer or his representative is granted permission to inspect the premises and equipment of the undersigned in so far as it pertains to the conduct of his/her business or provisions of the Ordinances and that the information given herein is true and correct.

IT IS FURTHER AGREED THAT A \$10 TECHNOLOGY FEE PLUS AN ANNUAL FEE OF _____ WILL BE PAID IN ADVANCE FOR SUCH PERMIT

Applicant's signature _____ Date _____

Mail Application and Permit Fee To
Environmental Health Department
 PO Box 1971
 Amarillo, TX 79105-1971

Physical Address
Environmental Health Department
 808 S. Buchanan
 Amarillo, TX 79101

Dec 15 2017