

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 Area Public Health District

### Recreational Water Permit Application

Name of Establishment: \_\_\_\_\_

Establishment 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: \_\_\_\_\_

Which best describes this application:  Change of Owner  New Establishment

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Application/Plan Review Fee: \$150  
 Operational Permit Fee: \$500  
 Out of City Limits Fee: \$150

**Check all that apply:**

	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"/>

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.

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