Permit #							
Date Issued							
Date Mailed							
Phone: (806)-378-9472							

Fax: (806)-378-3585



Receipt # _	
Date Paid _	
Date Expire	es

TDD: (806)-378-4229

ehealth@amarillo.gov

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Amarillo Area Public Health District

Recreational Water Permit Application Fee: See current FY Fee Schedule

Name o	of Estab	lishme	nt:								
Establishment Address:					City:	Sta	te:	Zip:			
Mailing Address:							City:	Sta	State: Zip:		
Contact Information: Phone: Fax:						Fax:		Em	ail:		
Name o	of Owne	er:									
Owner's Address:							City:	City: State: Zip:			
Owner's Contact: Phone: Fax:					Fax:	Email:					
Which best describes this application: ☐ Change of Owner ☐ New Establishment											
Please see current fiscal year fee schedule for fee amounts. Check all that apply:											
	Pool	Spa	PIWF	Annual	Seasonal	Pre 10-99	Post 10-99	Indoor	Outdoor	Diving Board/Slide	
Unit 1											
Unit 2											
Unit 3											
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