



SWIMMING POOL/SPA PERMIT APPLICATION
Department of Code Compliance Services

NAME
DBA
MAIL ADDRESS
CITY, ST. ZIP

- NEW APPLICATION**
- RENEWAL APPLICATION**
- INFORMATION UPDATE**

Application Date: _____

Permit #: _____

Fees:

First Pool / Spa \$ 47.00 x 1 = \$47.00 Each Additional \$ 47.00 x _____

ALL FEES ARE NON-REFUNDABLE	LICENSE IS NOT TRANSFERABLE
MAKE CHECK OR MONEY ORDER PAYABLE TO: City of Dallas	
TO PAY IN PERSON: City of Dallas Special Collections Division 1500 Marilla St. Room 2DS Dallas, TX 75201	OR MAIL PAYMENT TO: City of Dallas Special Collections Division PO Box 139076 Dallas, TX 75313-9076

Name of Property: _____

Mailing Address: _____
(Number) (Street) (City/State) (Zip Code)

Location of Pool: _____

Property Owner: _____ Telephone: (____) _____ - _____

Owner Address: _____
(Number) (Street) (City/State) (Zip Code)

Email Address: _____

Contact Person For Inspection: _____ Telephone: (____) _____ - _____

Designated Manager of Pool Operations: _____

Certificate Number: _____ Date of Issue: _____

Dallas City Code Chapter 43A requires that an applicant must designate a manager of operations of each pool for which a permit is sought. If a person designated by an owner as manager of pool operations is not certified, that person shall attend and successfully complete the next training course conducted after his designation. Contact the Department of Code Compliance, (214) 671-2791 or go to [Manager of Pool Operation Class Schedule](#) for the next available certification class.

TYPE OF FACILITY:

Apartment Hotel/Motel Health Club School Institution Condominium Other _____

Signature of Owner or Agent: _____ Title: _____

Texas Driver's License or Texas Identification Number: _____ Date of Birth _____

For Code Compliance Use Only

Establishment has been inspected and meets minimum Health and Sanitation Standards for Operation.

Approved Denied Inspector: _____ Date _____