SWIMPOOL/WHIRLPOOL APPLICATION

CORPUS CHRISTI-NUECES COUNTY DEPARMTENT OF PUBLIC HEALTH
1702 Horne Rd. (78416) P.O. Box 9727 (78469)
Office: (361) 826-7223
Attn: Environmental Health Division

№ 01014

Establishment: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

BILLING INFORMATION

Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Owner/ Manager: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Pool Permit No.: _____ District: _____ Census Tract: _____ Type: _____

In making an application for a POOL PERMIT which is necessary to operate my business, I understand and agree to comply with all City Health Ordinances, other City Ordinances and State Laws that may govern the conduct or operation of my business.

Signature of Owner/ Manager: _____ Date: _____

Issued By: _____ Date: _____

FEE MUST BE PAID BEFORE PERMIT ISSUED: (Make Check Payable to: City of Corpus Christi)

Annual Fee: $125.00 per pool

FOR OFFICE USE ONLY

Rcv'd by _____

Date _____

Cash ☐ Credit Card ☐

Check# _____

Amount Remitted