



Fee Schedule

Application Fee \$300 Reinstatement Fee \$75
 Annual Permit Fee (prior to May 1)..... \$150 Duplicate Permit Fee..... \$10
 Annual Permit Fee (on or after May 1) \$200

Community Services Department Use Only

Date Approved ____/____/____ By: _____ Date Received ____/____/____ By: _____
 Comp # _____ Element Type: _____ Receipt Number _____
 Inv. # _____ Inv. Type: _____ Sup Dist: _____ Application Fee: _____
 Expiration Date ____/____/____ Entered by: _____ Annual Permit Fee: _____
Total Amount Due with Application: _____

Application for Swimming Pool Permit

ALL FIELDS MUST BE COMPLETED; PRINT MUST BE LEGIBLE.

Establishment Name _____ (_____) _____
(site phone number)

Establishment Address _____
(street number) (dir) (street name) (suite) (zip)

Owner _____ (_____) _____
(owner phone number)

Owner Address: _____
(cannot be site address) (address)

(city) (state) (zip)

Property Management Name _____ (_____) _____
(property mgmt.phone number)

Property Management Address _____
(street number) (dir) (street name) (suite) (zip)

Emergency Contact: Name: _____ Phone: _____

Bill to: Site address Owner Address Property Management Address

Trained Pool Operator Yes No Name: _____

Type (please circle): Pool or Spa Indoor or Outdoor Location/Description: _____

MUST COMPLETE THIS SECTION
Pool Volume _____ gallons
Turnover Rate _____ hours

I attest that the information provided above is true and accurate. I agree to comply with the City of Arlington Health Code and understand that failure to do so may result in suspension or revocation of the permit. I understand that the permit will lapse if the annual permit fee is not paid prior to the expiration date and that the reinstatement fee must be paid in order to maintain a valid permit. I further understand that the permit is granted to the above listed owner(s) and is not transferable and that these fees are non-refundable.

Signature of Applicant Date

Drivers License Number State