



City of Coppell
Environmental Health Department
PUBLIC SWIMMING POOL/SPA PERMIT APPLICATION

P.O. Box 9478, Coppell, Texas 75019-4409 • (972) 462-5177

PERMIT STATUS: (Check One) New Pool/Spa \_\_\_\_\_ Renewal \_\_\_\_\_ Change of Owner \_\_\_\_\_

NUMBER OF POOLS/SPAS \_\_\_\_\_ PERMIT FEE DUE: \$ \_\_\_\_\_ (\$200.00 per pool/spa)

POOL NAME: \_\_\_\_\_ POOL PHONE: \_\_\_\_\_

POOL ADDRESS: \_\_\_\_\_ (STREET NO. & NAME) (CITY, STATE) (ZIP CODE)

EMAIL: \_\_\_\_\_

POOL OWNER OR CORPORATION NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ (STREET NO. & NAME) (CITY, STATE) (ZIP CODE)

POOL MANAGEMENT COMPANY (if applicable): \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ (STREET NO. & NAME) (CITY, STATE) (ZIP CODE)

CERTIFIED POOL OPERATOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATES & HOURS OF OPERATION: \_\_\_\_\_

IF THE POOL/SPA IS OPEN YEAR ROUND, HOW OFTEN IS IT SERVICED? \_\_\_\_\_

AFTER HOURS CONTACT : \_\_\_\_\_ PHONE: \_\_\_\_\_

(CONTACT IN CASE OF A CLOSURE WHEN ESSENTIAL PERSONNEL ARE NOT ONSITE. (I.E. CONDOMINIUM AND HOMEOWNER ASSOCIATION POOLS)

\*\*IMPORTANT NOTE\*\*

A SUFFICIENT NUMBER OF LOCKS SHALL BE PROVIDED BY THE POOL OWNER IN THE EVENT ALL GATES MUST BE LOCKED.

I attest that the information provided above is true and accurate. I agree to comply with the City of Coppell rules and regulations and understand that failure to do so may result in revocation or suspension of the permit.

- The permit is effective for one year from the date of issuance unless sooner revoked for a cause.
The permit is not transferable and the permit fees are non-refundable.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Submit application and fee to City of Coppell, Environmental Health, P.O. Box 9478, Coppell, Texas 75019

OFFICE USE ONLY

Approved By \_\_\_\_\_ Date of Approval \_\_\_\_\_

Receipt No. \_\_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Received By \_\_\_\_\_ Date \_\_\_\_\_