



Corsicana - Navarro County Public Health District

618 North Main, Suite A - Corsicana, Texas 75110
Telephone (903) 874-6711 – Fax: (903) 872-8014

Pool/Spa Permit & Pool Operator Application

PERMIT FEES ARE NOT REFUNDABLE AND NOT TRANSFERABLE. ALL POOL PERMITS EXPIRE ON DECEMBER 31ST

Business Name: _____		Business Phone #: _____	
Business Address: _____		Email Address: _____	
Individual: _____	Firm: _____	Corp: _____	Partnership: _____
Location of Pool/Spa: _____		Pool: _____	Spa: _____
Public: _____	Semi-Public: _____		
Pool Size:	Gallons _____	Surface Area sq. ft.	_____
Type of Filter: _____		Disinfectant: _____	
Days of Operation: _____			
Hours of Operation:	From: _____	To: _____	24 Hour: _____
Pool Operator Name: _____		Phone #: _____	
Address: _____		Driver's License #: _____	
Certification #: _____		Date: _____	
Course Provider: _____		Completion Date: _____	
Corporate Name: _____		Corporate Phone #: _____	
Corporate Address: _____		Corporate Fax #: _____	

Please check the appropriate blanks that apply to your Pool/Spa.

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|--|---------|--------------------------------------|
| <input type="checkbox"/> Application Fee (New Business or Change of Ownership) | \$50 | Plus Items Marked Below |
| <input type="checkbox"/> Plan Review (New or Remodel) | \$100 | |
| <input type="checkbox"/> Annual Pool Permit | \$200 + | |
| <input type="checkbox"/> Additional Pool | \$200 | Additional to Annual Pool Permit fee |
| <input type="checkbox"/> Additional Spa | \$200 | Additional to Annual Pool Permit fee |
| <input type="checkbox"/> Pool Operator | \$50 | |
| <input type="checkbox"/> Re-Inspection Fee (per Re-Inspection) | \$125 | |
| (includes failed new business inspections, failed regular inspections) | | |
| <input type="checkbox"/> Late Fee | \$100 | |

TOTAL AMOUNT DUE: \$

Applicant Print Name: _____

Applicant Signature: _____

Date: _____