

Please mail completed form & fee to



Tarrant County Public Health
Environmental Health Promotion
1101 S. Main Street, Room 2300
Fort Worth, Texas 76104
(817) 321-4960

_____ New Facility
_____ Change of Ownership
_____ Change of Address

SWIMMING POOL/SPA/PIWF PERMIT APPLICATION

Site Information ☐ unincorporated Tarrant County		Area	Phone
Establishment Name			
Address			
City		State	Zip
Email (to be utilized for receipt of official inspection reports and notices)			
Owner Information (Legal Name of Business Ownership)		Area	Phone
Name			
Address			
City		State	Zip
Email (to be utilized for receipt of official inspection reports and notices)			
Billing Information choose ☐ Site Address ☐ Owner Address		Area	Phone
C/O			
Address			
City		State	Zip
Site Inventory please list each pool, spa or piwf with a brief unique description			
1.		5.	
2.		6.	
3.		7.	
4.		8.	
Applicant's Name printed		Signature	Title
X		X	☐ Owner
			☐ Authorized Agent
FOR OFFICE USE ONLY			
Site #:	Fee:	Fee Exempt ☐	Effective Date:
Sanitarian:			