



# Aquatic Facility Renewal

## Environmental Health Division

### Wichita Falls-Wichita County Public Health District

1700 Third St. | Wichita Falls, TX 76301 | 940-761-7800 | [www.health.wichitafallstx.gov](http://www.health.wichitafallstx.gov)

Facility # \_\_\_\_\_

Date Received \_\_\_\_\_

For Office Use Only

Name of Establishment: \_\_\_\_\_ Establishment Phone: (\_\_\_\_) \_\_\_\_\_

Establishment Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Name and E-Mail (inspections sent to): \_\_\_\_\_

Name and E-Mail (inspections sent to): \_\_\_\_\_

Name and E-Mail (inspections sent to): \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Owner's Phone: (\_\_\_\_) \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Billing Name: \_\_\_\_\_ Billing Phone: (\_\_\_\_) \_\_\_\_\_

Billing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Establishment Description: ☐ For Profit ☐ Non-Profit (Tax Exempt Number \_\_\_\_\_)

**Please fill in and check the appropriate box/boxes that best describes your establishment:**

GENERAL INFORMATION			
# of Swimming Pools:	# of Spas/"Hot Tubs":	# of Public Interactive Water Features:	# of Pool Managers:
<input type="checkbox"/> Have added/moved a diving board (specify):			
<input type="checkbox"/> Have added/moved a slide (specify):			
<input type="checkbox"/> Have added/moved a deck structure (specify):			
<input type="checkbox"/> Have remodeled (specify):			
<input type="checkbox"/> Have a variance (specify):			
<b>(!)(!)(! An Annual Data Sheet and an Annual Electrical Inspection must be submitted prior to the Permit Inspection (!)(!)(!)</b>			
Forms can be found online at: <a href="http://www.wichitafallstx.gov/2342/Aquatic-Facility-Fees-Forms">http://www.wichitafallstx.gov/2342/Aquatic-Facility-Fees-Forms</a>			
Forms can be picked-up in person at: Wichita Falls-Wichita County Public Health District Environmental Health Division 1700 3 <sup>rd</sup> Street   Wichita Falls, TX 76301			

FEES
\$215 x _____ Number of Swimming Pools
\$215 x _____ Number of Spas/"Hot Tubs"
\$215 x _____ Number of Stand Alone Public Interactive Water Features
<b>Full Name, Address, and Phone Number of Aquatic Facility/Pool Manager to be invoiced:</b>

TOTAL PERMIT FEES DUE
\$

Applicant Print Name

Applicant Signature

Date