



# 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: |
|----------------------|-----------------------|---|---------------------|

Have added/moved a diving board (specify):

Have added/moved a slide (specify):

Have added/moved a deck structure (specify):

Have remodeled (specify):

Have a variance (specify):

**(!)(!)(!) An Annual Data Sheet and an Annual Electrical Inspection must be submitted prior to the Permit Inspection (!)(!)(!)**

Forms can be found online at:

<http://www.wichitafallstx.gov/2342/Aquatic-Facility-Fees-Forms>

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

**Full Name, Address, and Phone Number of Aquatic Facility/Pool Manager to be invoiced:**

#### TOTAL PERMIT FEES DUE

\$

Applicant Print Name

Applicant Signature

Date