



GARLAND

HEALTH DEPARTMENT
 P.O. BOX 469002
 GARLAND, TX
 75046-9002
 Office: 972-205-3460
 Fax: 972-205-3505

SWIMMING POOL
 PERMIT
 APPLICATION

HEALTH DEPARTMENT USE ONLY

Invoice Number:		Invoice Date:	
Issue Date	Exp. Date	Receipt #	Received By
# of Pools/Spas at \$200 each			
Discount Amount			
Invoice Amount			

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

PROPERTY INFORMATION

Property Name:	
Property Address:	
Email Address:	Work Phone:

BILLING ADDRESS

Name:		
Address:		
City/State	Zip:	Work Phone:

PLEASE CHECK ONE PROPERTY MANAGER PERSONAL INFORMATION
 HOA REPRESENTATIVE PERSONAL INFORMATION

All information in this section must be completed by the Property Manager or HOA Representative. Failure to comply may delay issuance of permit.

Manager Name to Appear on Permit:			
Home Address:			
City/State:	Zip:	Home Phone:	
Driver's License:	Date of Birth:	Race:	Sex:

I hereby certify that the above information is true and accurate to the best of my knowledge. I will agree to abide by all provisions of the City of Garland Pool Code. **Applicant is responsible for any court citations issued for inspection violations.**

Property Manager or HOA Representative Signature

HEALTH DEPARTMENT OFFICE USE ONLY

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