

Environmental Health Services 3815 – B Sachse Road Sachse, TX 75048

Phone: 469-429-4788

OFFICE USE ONLY
Annual Permit Fee: _\$ 100.00
Class:
Apply date:
Issue date:
Expire date:
№ New

APPLICATION FOR PUBLIC SWIMMING POOL PERMIT (ALL FIELDS MUST BE COMPLETED)

Establishment Address:	Zip
	ner Phone Number: ()
Owner Address:Comments:_	City State Zip
Bill to next year: □ Site Address □ Owner Addres	ss Email to:
MANAGER II	NFORMATION
Manager's Name:	
Manager's Address:	
Emergency Contact Phone:	
Date Manager was employed at present property:	
Trained Pool Operator: No Yes Name	:
Type (please circle): Pool or Spa Indoor or Outdo	oor Location/Description:
Pool Volume: Turnover Rate:	
with all provisions of the City of Sachse Health Code, S	true and accurate to the best of my knowledge. I agree to constant Code, and understand that failure to do so may rest and that the permit if granted to the above listed owner(s) and ASE CONTACT FOR INSPECTION.
Signature of Applicant:	Date:
Driver License Number	State: