



## SWIMMING POOL/SPA INVOICE APPLICATION

**New facility**

**Renewal Application**

**Update Information**

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Application date: \_\_\_\_\_

### **Type of Facility:**

HOA  Hotel/Motel  Apartment/Condominium  Health Club  School  Other: \_\_\_\_\_

Number of Pools (including spas/hot tubs): \_\_\_\_\_ Fee: \$110/pool: \_\_\_\_\_

**ALL FEES ARE NON-REFUNDABLE**

**LICENSE ARE NOT TRANSFERABLE**

Make payment to: City of Schertz

### **Pay in Person or by Mail payment to:**

Neighborhood Services

1400 Schertz Pkwy bldg. #1

Schertz, TX 78154

Owner/mgmt. agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact person for inspections: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

City Code, Section 34-100 (a), it shall be unlawful for any person to operate a swimming pool or spa without a valid permit issued by the city. **Permits Expire September 30<sup>th</sup> Annually**

All of the information contained in this application is true and correct to the best of the applicant's knowledge and belief. Applicant acknowledges that the permit applied for shall be subject to all provisions of the orders and ordinances of the City of Schertz and shall be subject to all provisions of the statutes and rules adopted under the statutes of the State of Texas.

Applicant signature: \_\_\_\_\_ Title: \_\_\_\_\_

Rev 8-2020

1400 Schertz Pkwy bldg. #1, Schertz TX 78154 210-619-1650

[healthinspector@schertz.com](mailto:healthinspector@schertz.com) [www.schertz.com](http://www.schertz.com)