

APPLICATION FOR HOA'S AND PUBLIC SWIMMING POOL PERMIT

Date: _____ **Permit Number:** _____

Name of Pool: _____

Pool Address: _____

Pool Phone Number: _____ **Fax Number:** _____

Pool Manager or Contact Person: _____ **Tel # :** _____
(This should be the person we can contact to schedule the pool inspection appointment.)

Corporate or Mgmt Co Name: _____

Corporate or Mgmt Co Address: _____

Corporate or Mgmt Co Contact Person/Title: _____

Telephone# _____ **Fax #** _____

Gallon Capacity: _____

Type of Filtration Equipment: _____

Type of Automatic Disinfectant: _____

Should you have any questions please feel free to contact the Marshal's Office at (210) 619-1665

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND SHOULD ANY INFORMATION CHANGE THAT WOULD AFFECT THIS PERMIT I WILL SO NOTIFY THE CITY OF SCHERTZ AT THAT TIME.

_____ **SIGNATURE OF APPLICANT** _____ **DATE**

FEE: \$110.00 (Per Pool) _____ **Total Amt Due: \$** _____
 Number of pools

FOR OFFICE USE ONLY

Inspection Appointment:(Date) _____ **(Time):** _____

Contact Person: _____ **Telephone#:** _____