



SWIMMING POOL / SPA PERMIT APPLICATION

****All fees are non-refundable**** Incomplete applications or applications received without fees will not be processed**

Name of Property(d.b.a.) _____

Address _____ Suite _____ Phone _____

Type of facility: Apartment Hotel/Motel Health Club School Institution
Condominium Other

Manager of Pool Operations _____

Pool manager phone number _____

1. Operations to be conducted on this property {Please circle all that apply}
Type: Pool or Spa or Both (Pool and Spa)
2. How many outdoor pools _____ How many indoor pools _____
3. How many outdoor spas _____ How many indoor spas _____
4. Water capacity in gallons for each pool (1) _____ (2) _____ (3) _____
5. Water capacity in gallons for each spa (1) _____ (2) _____ (3) _____

Owner's Full Name _____ DL# _____ DOB _____

Owner's Address (other than property) _____

Phone # (other than property) _____

If Owner is a partnership or LLC, give names, street addresses, city, state, zip & phone numbers of partners.
If Corporation or LLC, give names, street address, city, state, zip & phone number of corporate/district office.

(If more room is needed for names, addresses, & phone numbers, use back of application)

Billing Address (if different from address of property) _____

(PHONE) _____ E-mail _____

Date of application _____ Signature _____

I attest that the information provided above is true and accurate. I agree to comply with the City of Duncanville Swimming Pool/Spa Code. I understand that failure to do so may result in suspension or revocation of the permit(s). I understand that the permit will lapse if the annual permit fee is not paid prior to the expiration date and that the reinstatement fee must be paid in order to maintain a valid permit. I further understand that the permit is granted to the above listed owner(s) and is not transferable.

******OFFICIAL USE ONLY******

Annual permit fee of \$200 for each pool _____ and spa _____