



# GARLAND

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

**SWIMMING POOL  
 PERMIT  
 APPLICATION**

## HEALTH DEPARTMENT USE ONLY

Invoice Number:		Invoice Date:	
Pool Area:		Permit Number:	
Issue Date	Exp. Date	Receipt #	Received By
# of Pools/Spas at \$300 each			
Discount Amount			
Invoice Amount			

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

### PROPERTY INFORMATION

Property Name:		
Property Address:		
City/State:	Zip:	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:			
Manager 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 violation.*

\_\_\_\_\_  
 Property Manager or HOA Representative Signature

### HEALTH DEPARTMENT OFFICE USE ONLY

1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	
6.		12.	