

2020 APPLICATION FOR PUBLIC/SEMI-PUBLIC POOL/SPA PERMIT

PART 1. GENERAL INFORMATION

NEW POOL/SPA

CHANGE OF OWNERSHIP

DATE:		PROPERTY/FACILITY NAME:		ADDRESS:	
NAME OF OWNER/CORPORATION:			NAME OF PERSON IN CHARGE:		
STREET ADDRESS OF OWNER/CORP.			DAYTIME PHONE NUMBER:		
CITY, STATE, ZIP		OWNER DL NUMBER:	CELL NUMBER:	EMERGENCY NUMBER:	
BILLING ADDRESS:		CITY, STATE, ZIP		EMAIL ADDRESS:	

PART 2. PERMIT INFORMATION

- A. Certified Pool Operator on site: _____
- B. Pool/Spa Year Built, Max Depth: _____
- C. Pool/Spa Volume, Turnover Rate: _____
- D. Drain Cover Model/Expiration: _____
- E. SVRS (or n/a): _____
- F. Chemical Test Kit Used: _____
- F: Disinfectant Used: _____
- G: Months Pool/Spa Operates: _____

A copy of CPO/equivalent certification is required to register the CPO. If the CPO is no longer employed onsite, a new CPO must register with the City of North Richland Hills within 30 days.

Certification by a licensed, registered electrician that electrical equipment meets all local, state, and federal electrical codes required annually.

Records of daily chemistry checks must be retained for a minimum of two years.

A representative from each public/semi-public aquatic facility shall attend a pre-season pool safety meeting annually.

I certify that the foregoing information is correct to the best of my knowledge and that said work was performed in compliance with the codes and ordinances adopted by the City Of North Richland Hills.

Compliance with all items addressed on the pre-season inspection report required prior to opening the pool/spa.

Name (Printed) _____ Signature: _____ Date: _____

PART 3. FEE CALCULATION

Pool/Spa Fee	\$163.00	_____	
Application Fee	\$106.00	_____	
Plan Review Fee	\$125.00	_____	
	Total Amount Due:	\$	_____