



Environmental & Consumer Health Services

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CORPUS CHRISTI - NUECES COUNTY  
**PUBLIC HEALTH DISTRICT**

**POOL APPLICATION**

New Pool Application       Name Change      Existing Permit (PO)#

New Owner       Billing Information Change

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Company email: \_\_\_\_\_

**BILLING INFORMATION**

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Company email: \_\_\_\_\_

**POOL PERMIT FEE \$200**

I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I FURTHER CERTIFY BY SIGNATURE HEREON, THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT AND I AM ELIGIBLE TO RECEIVE A LICENCE

SIGNATURE: \_\_\_\_\_

PRINTED NAME & TITLE

DATE:

**INTERNAL USE ONLY**

|               |              |        |       |
|---------------|--------------|--------|-------|
| Check #       | Amount Paid: | Infor# | Hub#  |
| Processed By: |              |        | Date: |

Office Hours: Monday - Friday 8am to 5 pm

Cashier Hours: Monday - Friday Between 8am to 4pm for payments.