



City of Mount Pleasant
Public Swimming Pool/Spa Permit Application
Code Compliance Office

Establishment Name Site Phone

Establishment Address (street number and name) (Zip)

Owner Name Phone

Owner Address (not site address) (city) (State) (Zip) (email)

Contact Person for Inspection (Name) (Phone)

Emergency Contact (Name) (Phone)

Trained Pool Operator: Yes No Name:

Type (please circle) (Pool Spa Both) (Indoor Outdoor) (Seasonal-less than 6 months / Annual)

Type of Facility: Apartment Hotel/Motel School Health Club Other

Must complete this section:

Pool Volume gallons Turnover Rate hours
VGB compliant Y N Documentation on site Y N

I attest that the information provided is true and accurate. I agree to comply with the City of Mount Pleasant Health Code, Texas Department of State Health Services & ISPSC swimming pool codes. I understand that the permit may be suspended or revoked for non-compliance with City of Mount Pleasant Ordinances or the laws of the State of Texas. I further understand that the permit is granted to the above listed owner and is not transferable and these fees are non-refundable.

Signature of Applicant Date

Drivers License Number State

For Code Use Only
Fee's Seasonal Pool/Spa x 1 = \$150.00
Annual Pool/Spa x 1 = \$150.00
Establishment has been inspected and meets the minimum Health and Sanitation Standards for operation.
2015-2 (Chapter 95.50)
Approved Denied Inspector Date