



CITY OF DECATUR, TEXAS

1601 S State St. Bldg. C Decatur, TX 76234

Phone: 940-393-0371 or 940-393-0250 * email: jcohoon@decaturtx.org

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED

WHEN NOT LEGIBLE, AND/OR REQUIRED DOCUMENTATION OR FEE IS INCORRECT AND/OR MISSING

NEW PERMITS ARE ASSESSED AT THE HIGHEST FEE (PERMITS ARE NOT PRORATED)

Public Pool / Spa Permit Checklist

PLEASE CHECK ALL BOXES AS THEY ARE COMPLETED

- Public Pool/Spa Permit Application
 - Application
 - Ownership Information includes:
 - Texas State Sales Tax Information and Tax ID Number
 - Corporation – include name of Registered Agent in Texas
 - Partnership – List of ALL partner’s names and addresses
(Use a separate piece of paper if necessary)
 - Original signed letter from the registered Certified Pool Operator which states that he/she is employed as the permitted facility’s CPO.
- Certified Pool Operator Permit Application
 - Application
 - Copy of the Certificate of Completion for Certified Pool Operator
 - Copy of Certified Pool Operator’s valid Government Issued Photo Id
- Permit Processing Fees for:
 - Public Pool/Spa Permit

<input type="checkbox"/> Swimming Pool/Annual Permit for Public Pool	\$300.00
<input type="checkbox"/> Spa/Annual Permit for Public Spa).....	\$150.00
<input type="checkbox"/> Late Fee	\$ 50.00
<input type="checkbox"/> Certified Pool Operator Permit.....	\$ 0.00

- I have reviewed the checklist and all submittals for completeness and accuracy
- I attest that the above information has been provided
- If application submittal is determined to be incomplete, additional fees may be assessed

I understand any permit granted from this application may be revoked for cause. Failure to comply with the City of Decatur rules and regulations, as well as any notices for correction of violations affecting public health and sanitation, and/or false or misleading information provided on this application, shall be deemed cause for revocation of the Public Swimming Pool/Spa Permit and CLOSURE of the facility.

Print Name

Signature

Position/Title

Date



CITY OF DECATUR, TEXAS

1601 S State St. Bldg. C Decatur, TX 76234
Phone: 940-393-0371 or 940-393-0250 * email: jcohoon@decaturtx.org

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED
WHEN NOT LEGIBLE, AND/OR REQUIRED DOCUMENTATION OR FEE IS INCORRECT AND/OR MISSING
NEW PERMITS ARE ACCESSED AT THE HIGHEST FEE (PERMITS ARE NOT PRORATED)

PUBLIC POOL / SPA
PERMIT APPLICATION

Permit #
Permit Fee: \$
Late Fee: \$
Total Fee Collected: \$

PERMIT TYPE: NEW, RENEWAL, POOL, SPA, SPLASHER OR "KIDDIE POOL"
TYPE OF FACILITY: APARTMENT, HEALTH CLUB, HOTEL, HOA, OTHER
TYPE OF POOL: INDOOR, OUTDOOR
TYPE OF SPA: INDOOR, OUTDOOR
FACILITY INFORMATION: Name of Facility, Facility's Physical Address, Manager of Facility, Certified Pool Operator, Registration Number, Expiration Date

OWNERSHIP INFORMATION
Sole Owner / Proprietorship: Name, Residence Address, Phone, Email address

Partnership: LP, LLP, LTD, Name of Partnership, Partnership Address, Phone, Email Address, Partner Name, Residence Address, Driver's License Number

Corporation: LLC, Corporation Name, Date and Place of Incorporation, Corporation Address, President Name, Officer's Name, Residence Address, Driver's License Number, Name of Registered Agent, Residence Address, Driver's License Number

I understand any permit granted from this application may be revoked for cause. Failure to comply with the City of Decatur rules and regulations, as well as any notices for correction of violations affecting public health and sanitation, and/or false or misleading information provided on this application, shall be deemed cause for revocation of the Public Swimming Pool/Spa Permit and CLOSURE of the facility.

Print Name

Signature

Position / Title

Date



CITY OF DECATUR, TEXAS

1601 S. State Street Bldg. C

Phone 940-393-0371 or 940-393-0250 ★ email: jcohoon@decaturtx.org

CFM/CPO Registration #: <hr/> Amount Paid: \$ _____ Received by: _____

CERTIFIED FOOD MANAGER OR CERTIFIED POOL OPERATOR REGISTRATION

<input type="checkbox"/>	Certified Food Manager - per calendar year / per cfm license * * Separate CFM Registration and fee required per Food Establishment	\$ 0.00
<input type="checkbox"/>	Certified Pool Operator - per calendar year	\$ 0.00

Registration Information

(Please check the boxes that documentation has been included)

- Copy of Certificate of Completion
- Copy of valid Government Issued Photo Id

Certificate of Completion & Valid Government Issued Photo Id Must be attached

- Registration is required annually
- Please notify our office of any change in:
 - Address
 - Telephone Number
 - Establishment/Facility your registration is assigned to changes

Information: (Click one)	<input type="checkbox"/> Certified Food Manager	<input type="checkbox"/> Certified Pool Operator
---------------------------------	---	--

Name: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Cell: _____

Certificate Issued By: _____

Date of Issuance: _____ Expiration Date: _____

Establishment or Facilities License Holder is responsible for:

➤ **Certified Pool Operators must provide a list of public pool/spa facilities in the City of Decatur**

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Print Name of License Holder

Signature

Date