



## POOL/SPA PERMIT APPLICATION

**City of Mansfield**  
**Department of Regulatory Compliance**  
**620 S. Wisteria Street**  
**Mansfield, TX 76063**  
**(817) 276-4221**

Application Date: \_\_\_\_\_

Permit Status (check one):

- Plan Review
- New Application
- Renewal
- Information Update

This form **MUST** be completed before Health Permit(s) are issued. Once the permit application fee has been paid and the permittee is in compliance with all applicable ordinances, a Health Permit placard will be issued to the email listed in the Applicant Box or can be picked up at 620 S. Wisteria Street, Mansfield, Texas 76063. Payments can be made by check or money order to City of Mansfield, C/O: Regulatory Compliance at the above address. **Please note, we are unable to accept online payments at this time. We do not accept payments in the field.**

**TYPE OF FACILITY:**

<input type="checkbox"/> Apartment	<input type="checkbox"/> Health Club	<input type="checkbox"/> Other _____
<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> School	

PROPERTY NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ SUITE/KIOSK #: \_\_\_\_\_

CITY: Mansfield STATE: Texas ZIP: 76063 PHONE: \_\_\_\_\_

OWNER (INDIVIDUAL OR CORPORATION): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ SUITE/KIOSK #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

The City of Mansfield Regulatory Compliance Department requires that an applicant must designate a manager of operations for each pool for which a permit is sought. If a person designated by the owner as manager of pool operations is not certified, that person shall attend and successfully complete a training course and provide a copy of their certification. A Certified Pool Operator must be registered using the Certified Pool Operator Permit Application.

LOCATION OF POOL: \_\_\_\_\_

POOL VOLUME : \_\_\_\_\_ POOL TURNOVER RATE CALCULATED: \_\_\_\_\_

OWNER/AGENT DRIVERS/ID TYPE AND NUMBER: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

All information in this application is true to the best of the applicant's knowledge. Applicant acknowledges the permit applied for is subject to revocation if the establishment fails to comply with applicable City ordinances or State laws. Permits are non-transferable and subject to a late fee when received after its expiration date.

\_\_\_\_\_  
**Applicant Name (Printed)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

FOR OFFICE USE ONLY		
Received by Action	Date Received	<input type="checkbox"/> Mail <input type="checkbox"/> On-site
		/ /
Taken or Required		
Signature	Date Action Complete	
		/ /