



Environmental & Consumer Health Services

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CORPUS CHRISTI - NUECES COUNTY
PUBLIC HEALTH
DISTRICT

POOL APPLICATION

- checkbox New Pool Application
checkbox Name Change Existing Permit (PO)#
checkbox New Owner
checkbox 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

Table with 4 columns: Check #, Amount Paid, Infor#, Hub#. Below it, a row for Processed By and Date.

Office Hours: Monday - Friday 8am to 5 pm

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