



**CORPUS CHRISTI PUBLIC HEALTH DEPARTMENT**  
**Environmental & Consumer Health Services**  
 1702 Horne Rd. Corpus Christi, Texas 78416  
 Main Office (361) 826-7222 or (361) 826-7273

**HEALTH DEPARTMENT POOL APPLICATION \*\*PRINT CLEARLY\*\***

**Business Name** \_\_\_\_\_

**Business Phone Number** \_\_\_\_\_

**Physical Business Address** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Business Email** \_\_\_\_\_

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**Billing Address – Same as Physical Address - Yes** \_\_\_\_\_ **or No** \_\_\_\_\_ **Billing Office Phone #** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Business Owner:** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

**Current Manager:** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

**Owner / Manager Email:** \_\_\_\_\_

**In making an application for a POOL PERMIT which is necessary to operate my business, I understand and agree to comply with all City Health Ordinances, other City Ordinances and State Laws that may govern the conduct or operation of my business.**

**Owner / Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Inspector Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FEE MUST BE PAID BEFORE PERMIT IS ISSUED. \*\*\*Make Check Payable to - - City of Corpus Christi**

**Annual Fee: \$200**

<p><b>FOR OFFICE USE ONLY:</b> <b>Date:</b> _____</p> <p><b>Infor Receipt #</b> _____</p> <p><b>Check #</b> _____</p> <p><b>AMOUNT PAID</b> _____</p> <p><b>Processed By:</b> _____</p> <p><b>INSPECHUB Acct #</b> _____</p>
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