



Swimming Pool | Spa Permit Renewal Application - Exempt

Application Date: _____

Health Compliance Department
410 N. Tennessee St | McKinney, TX 75070
P: 972-547-7440 | F: 972-547-2606
HealthInfo@McKinneyTexas.org

- Form **MUST** be completed before Health Permit(s) are issued.
- Failure to update contacts, emails and phone numbers as they change could result in additional fees and delay of permit.

Site Information

Name of Pool: _____	Address: _____
Gate Code: _____	Date pool was built: _____
Total number of pools: _____	Total number of spas: _____
Diving Board:	
Yes	No

According to the Texas Department of Health Standards for Public Swimming Pool/Spa, Section 265.199(f)(1), the following must be provided onsite during hours of operation, for Class B & C pools with diving boards:

Lifeguard Name 1: _____	ARC: Yes	No
Lifeguard Name 2: _____	ARC: Yes	No
Second Responder Name: _____		

Projected season length | Pool opening & closing dates: _____

Volume of pool (gallons): _____	Turnover rate of pool: _____
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Manager: _____	Office #: _____	Cell #: _____
Driver's License #: _____	Email: _____	

Property Owner Information

Property Owner / Corp: _____	Office #: _____	Cell #: _____
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Address (including City/State/Zip): _____	Email: _____
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I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. FALSIFIED INFORMATION MAY RESULT IN THE REVOCATION OF THIS PERMIT AND THE ISSUANCE OF MUNICIPAL CITATIONS. ANY CHANGES WILL BE PROMPTLY FORWARDED TO THE HEALTH COMPLIANCE DIVISION.

Applicant Name (Printed) _____	Applicant Signature _____
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Contact Phone _____	Driver's License # _____
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Applicant is: Business Owner Manager Other: _____