



Application Date: _____

Pool Application Fee: \$150.00

120 W 7th St. Anna, TX 75409
Email: aquinonez@annatexas.gov
Office: 214-831-5333

Pool & Spa Renewal Application

For Public and Semi-Public Pools, Spas, and PIWF

Site Information:

Pool Name: _____ Pool Address: _____

Dates & Hours of Operation: _____ Open (check one): ___ Year-round ___ Seasonal

Gate Code: _____ Total number of Pools: ___ Total number of Spas ___ Maximum User Load _____

After Hours Contact Person: _____ Office Phone: _____
(Contact in case of emergency and/or pool closure. [HOA Pools])

Cell Phone: _____ Email: _____

Property Owner Information:

Name: _____ Phone: _____ Email: _____

Mailing Address (including City/State/Zip): _____

Pool Manager Information:

Pool Management Company: _____ Phone: _____

Mailing Address (including City/State/Zip): _____

Certified Pool Operator: _____ Phone: _____
(Provide copy of certified pool operator certification)

****IMPORTANT NOTE****

I UNDERSTAND TO SUBMIT A PERMIT TO OPERATE I MUST COMPLY WITH THE FOLLOWING:

I attest that the information provided above is true and accurate. I agree to comply with the City of Anna's rules and regulations and understand that failure to do so may result in a revocation or suspension of the permit.

- Pool and Spa Permits are to be renewed annually.
- The permit is not transferable, and the permit fees are non-refundable.
- Request an inspection by contacting the Community Enhancement & Compliance Division at least two weeks prior to the proposed opening date. **Authorization is required to operate.**
- Please make all checks payable to the "City of Anna".

Signature of Applicant: _____ Date: _____