



# Galveston County Health District

## APPLICATION FOR SWIMMING POOL PERMIT

### NOTICE

PERMIT MUST BE OBTAINED PRIOR TO:

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

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

The undersigned hereby makes application  
\_\_\_\_\_ For a Swimming Pool Permit  
\_\_\_\_\_ To re-validate current Pool Permit

To conduct operations as: Pool: \_\_\_\_\_ Spa: \_\_\_\_\_ Other: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_ Phone: \_\_\_\_\_

Establishment Address: \_\_\_\_\_  
(Address, City, State, Zip)

Mailing Address: \_\_\_\_\_  
(Address, City, State, Zip)

Owners Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owners Address: \_\_\_\_\_  
(Address, City, State, Zip)

Operator's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Operators Address: \_\_\_\_\_  
(Address, City, State, Zip)

Applicant's Signature: \_\_\_\_\_

**This application must be returned to the Galveston County Health District Office address listed below**

Office Location: 1205 Oak Street, La Marque, Texas  
Mailing Address: P.O.Box 939  
La Marque, Texas 77568  
Phone: 409-938-2300

**FOR HEALTH DISTRICT USE ONLY**

Date Issued: \_\_\_\_\_ 20 \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 20 \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Permit Fee: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Application Approved by: \_\_\_\_\_  
Sanitarian/Inspector