



# Environmental Services

City of Burleson  
Environmental Services  
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## POOL PLAN REVIEW APPLICATION

**Fee for Pool Plan Review: \$150**

### Establishment Information

Name of Pool Location: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Suite / Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

### Owner / Corporation Information

Owner Name: \_\_\_\_\_ Sales Tax #: \_\_\_\_\_

Owner Address: \_\_\_\_\_  
*Street Address* *Suite/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Owner Phone: \_\_\_\_\_ Owner Email \_\_\_\_\_

### Billing Information (If Different than owner)

Care of Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
*Street Address* *Suite/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Billing Phone: \_\_\_\_\_ Billing Email \_\_\_\_\_

### Applicant Signature

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

**Additional Contact Information**

*Please list any other managers, owners, operators or billing contacts*

Full Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Establishment Permit Fee**

**Required Documents:**

**Applicant ID**

**Payment of Application Fee**