



Dear Company Representative or Owner: The City of Burleson Chapter 34 Article IX – Public and Semi Public Pools and Spas states that "No person shall operate or maintain a public or semipublic swimming pool or spa and public interactive water feature and fountains unless he is a certified pool operator and has obtained a permit to operate such pool or spa from the regulatory authority. Such permits shall be valid for one year, unless revoked for a violation of this article. Such permits are not transferable and shall be publicly displayed." Pool owners operating a pool/spa without a permit are subject to having the pool/spa closed and being issued a citation. Any pool/spa(s) are to remain closed until a permit is obtained.

The amount of the fee is \$250 for body of water owned by the applicant at the same location. Fees for new and renewed pool/spa permits are due on the date of the invoice. Please note that fees are not prorated at any time for any reason.

Please return the completed application(s), a copy of the "Manager of Pool Operators Certificate", (if your certificate is valid and has not expired), with the appropriate payment made payable to the City of Burleson for the number of pool/spa(s) at a given location.

Please note: An application form must be completed for each physical location. If you are unable to download the form, please contact Environmental Services at environmentalservices@burlesontx.com

Mail-in payments: City of Burleson 725 SE John Jones, Burleson, TX 76028 Walk-in payments: City of Burleson 725 SE John Jones, Burleson, TX 76028. Online payments are also available as well. Please use this [link](#) and refer to your invoice for the required information.

THE CITY OF
BURLESON
TEXAS

Date: ___/___/___ New Facility Change of Ownership Change of Address

<p>Fees:</p> <p>1) Pool/Spa/PIWF : \$250 _____</p> <p>2) Pool/Spa/PIWF : \$250 _____</p> <p>Total Due/Enclosed _____</p>	<p>Please Return Signed Application to: environmentalservices@burlesontx.com or mail to: Environmental Services 725 SE John Jones Burleson, TX 76028</p>
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If the address or contact information changes during the permit year, please notify the Environmental Services Department.
(Please Print or Type)

Name of Property : _____

Address of Pool Location: _____ Zip Code: _____

Mailing Address: _____ Zip Code: _____
(this will be your billing address where invoices will be sent)

E-mail Address: _____

Contact Person for Inspection: _____

Phone Number: (____) _____ - _____ (business)

Phone Number: (____) _____ - _____ (cell)

Property Owner: _____

Owner Address: _____ Zip Code: _____

Phone Number: (____) _____ - _____ (business)

Designated Pool Operator: _____

Certified Pool Operator Certification Number : _____ Exp Date: ___/___/___

*Please note without a designated/certified pool operator you cannot be permitted

Number of pools: _____ Indoor Outdoor Both (please check one)

Number of spas: _____ Indoor Outdoor Both (please check one)

Number of PIWF: _____ Indoor Outdoor Both (please check one)

Apartment HOA/Subdivision Recreation Center Hotel/Motel

Owner of Authorized Agent: _____ Date: ___/___/___