CITY OF GRAND PRAIRIE ENVIRONMENTAL SERVICES

P.O. Box 534045 Grand Prairie, Texas 75053-4045 972-237-8055 FAX: 972-237-8228

APPLICATION FOR SWIMMING POOL AND SPA PERMIT

All fees are non-refundable*Incomplete applications or applications received without fees will not be processed**

Name of Property (d.b.a.)			
Address Suite Phone			
1) Operations to be conducted on this property {Please circle all that apply} Type: Pool or Spa or Both (Pool and Spa)			
2) How many outdoor pools How many indoor pools			
3) How many outdoor spas How many indoor spas			
4) Water capacity in gallons for each pool (1)(2)(3)(4)	(5)		
5) Water capacity in gallons for each spa (1)(2)(3)(4)	(5)		
Owner's Full Name DL # DOB	(Mo) (Day) (Yr)		
	(Mo) (Day) (11)		
Owner's Address (other than property) (street address)			
(city) (state) Phone # (other than property)			
(city) (state) (zip) If Owner is a partnership, give names, street addresses, city, state, zip & phone numbers of partnership, give names, street address, city, state, zip & phone number of corporate/distretation.			
(If more room is needed for names, addresses, & phone numbers, use back of application)			
Billing Address (if different from address of property)(street address)			
(city) (state) (zip) (phone)			
E-mail FAX _()			
Date of applicationSignature			
I attest that the information provided above is true and accurate. I agree to comply with the City of Grand Pra	irie Swimming Pool/Spa		
Code. I understand that failure to do so may result in suspension or revocation of the permit(s). I understand			
if the annual permit fee is not paid prior to the expiration date and that the reinstatement fee must be paid in or permit. I further understand that the permit is granted to the above listed owner(s) and is not transferable.	rder to maintain a valid		
****OFFICIAL USE ONLY****			
Initial permit application or remodel fee of \$300 for each new pool and spa			
Application fee for duplicate permit	\$15.00		
Late fee for annual permit renewal	\$50.00		
Change of Ownership	\$100.00		
Annual permit fee of \$200 for each pool and spa			
TOTAL AMOUNT DUE			

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SWIMMING POOL AND SPA OWNER VERIFICATION

This form is due annually on April 30th and incomplete forms will not be processed

Name of Property (d.b.a.)	M			
Address) 1		V/X	
Phone	eet address) (city) (state)	(zip)	<i>\(\)</i>
Owner's Full Name or Authori	zed Corporate Rep	resentative Nar	ne:	
(First) (Mic	ddle) (1	Last)		-10
STATE DL#		DOB	o) (Day) (Yr)	
Address (other than property) (city)	(state) (2	zip)		
Phone # (other than property)		750	2 TOWN	
I attest that the information provi Prairie Swimming Pool/Spa Code the permit(s). The failure to prov any changes, shall be considered revoked. The regulatory authorit Ordinance Section 13-449.	e. I understand that ide complete, accura a violation of this ar	failure to do so rate information, or ticle and may ca	nay result in susper or to provide update use the permit to be	nsion or revocation of ed information upon e denied, suspended, or
		Date of applica	tion	
State of				
County of			5	
This instrument was acknowledg	ged before me on(Date)	7		
by(Owner Name or Authori				
(Personalized Seal)	Notary Public's			



Public Health and Environmental Quality Department Certificate of Occupancy Solid Waste Verification Options

Applicants must submit **ONE** of the following documents to the Public Health and Environmental Quality Department before a Certificate of Occupancy will be issued.

- Republic Services contract for dumpster service.

 Contact Grand Prairie Disposal at 817-261-8812 to have the service set up. No other company may be used.
- Tenant/Landlord Solid Waste Verification Form
 Applicant must have the landlord sign the attached letter giving applicant permission to use the facilities dumpster. The dumpster must be on tenant /landlord property.
- Application for bag or cart service

 Bag or cart service is approved by the Solid Waste Department on a case by case situation.

 Auto related businesses & Health applicants do not qualify for bag service. Please be advised that this option may take three to five days longer to process tile request.

Ouestions?

Call the Public Health and Environmental Quality Department at 972-237-8055.



TENANT/LANDLORD SOLID WASTE VERIFICATION FORM

PERMIT NO:	
TENANT TO COMPLETE:	
Tenant Name:	
Doing Business As:	Address
LANDLORD TO COMPLETE	<u>:</u>
Property Owner Name:	Address
Phone Number:	
I give permission for this tenant t	o use the strip center dumpster located at following address:
**Dumpster must be on tenant/landlord	l property
Landlord's Signature.	
Republic Services Account Number	



APPLICATION FOR: ☐ COMMERCIAL BAG ☐ CART SERVICE (limited service area) Date: Business Name: Business Address: _ Business Phone: Description of Business: Mailing Address (if different than business address): ____ Billing Address: Business Owner/Operator: _ Business Owner/Operator's Phone: Business Owner/Operator's Driver's License #: Landlord's Name (if applicable): Landlord's Phone (if applicable): Name of Person Responsible paying for the garbage service: Responsible Party's Phone: Emergency Contact Name & Phone: _ Maximum quantity of waste generated per week: _ Type of waste generated: Do you ever dispose of any paints, solvents, electronic waste, tires, liquids, or batteries?

YES
NO I acknowledge that I am responsible for contacting the City of Grand Prairie Utility Services office when I wish to discontinue this service. I understand that I will not receive a refund if I fail to deactivate commercial bag service. I accept all the charges for commercial bag or cart service. I understand I will be billed monthly for commercial bag or cart service on my water bill. IF APPROVED FOR CART SERVICE, an initial cart fee will be applied to my water bill. Current garbage rates can be found in the City of Grand Prairie's ordinance. Business Owner / Operator's Signature Date Landlord's Signature (if applicable) Date For Solid Waste Department Use Only ☐ APPROVED ☐ NOT APPROVED

Date

Solid Waste Manager