

CITY OF UNIVERSAL CITY 2150 UNIVERSAL CITY BLVD UNIVERSAL CITY, TX 78148 (210) 659-0333



POOL & SPA PERMIT APPLICATION

Ne	ew Re	enewal	Information Update	
Application Date:				
Name of Property:				
Property Address:				
Property Type:	Apartment/Condo	нОА	Hotel/Motel	School/Club
Owner Name:				
Ownership Type:	Corporation	LLC	Partnership	Proprietorship
Owner Address: _				
Name, address, ph	one number and en	nail of Mana	gement Compan	y, if applicable:
Name of Certified P	ool Operator:			
Certificate Number:	:	Date	of Issue:	
Where to mail Pern	nit/Renewal Form (choose one):		
	ss Owner Add			pany Address
Type of Filtration E	quipment:			
Type of Automatic 1				
-				
No. of Pools:				
No. of Spas:	_ Size (in gallons):			
Amount Due: An:	nual Fee per Pool/S	Spa: \$ 75.00) x	_ = \$
Name	e of Applicant		Signature of	Applicant
•••••	•••••	•••••		
	For	Office Use O	nly	
Fee PaidCheck	c/Cash/Credit Card	Date Paid	Per	mit No