



City of Mesquite

Health Division

1515 N Galloway Ave. Mesquite, TX. 75149

Phone: 972-216-8138

Swimming Pool Permit Application

(Please Print)

Permit # P _____
 Class: Pool
 Date: _____
 Fee: _____
 Nexus Issue # _____

Establishment Name: _____ Address: _____

City: Mesquite State: TX Zip Code: _____ Phone: _____

Manager Name: _____ Email: _____

Owner Name/Company: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____ Email: _____

***** If different from owner information, please fill out management company information. *****

Management Company: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

***** Fee: \$150 each pool & spa *****

Pool/Spa	Location	Gallons	Filter Type	Disinfectant Type

 Name of Applicant (printed)

 Signature of Applicant

 Date