



**Ector County Health
Department**

221 N. Texas Ave.
Odessa, TX 79761
(432) 498-4141 office
(432) 498-4143 fax

**Aquatic Facility
Permit Application
2025**

Failure to submit your application and fee BEFORE January 31st, will result in a double fee. NO exceptions will be made regardless of weekends, holidays, or inclement weather. Payment made by mail, MUST include your Check, Invoice, and APPLICATION TOGETHER, NO EXCEPTIONS. Any checks, invoices, or applications sent separately will not be accepted and will be returned to sender.

Name of Facility _____ Address _____

City _____ Zip Code _____ Telephone _____ Fax _____

Owner of Facility _____

Mailing Address (include zip code) _____

Manager _____ E-Mail Address _____

Person responsible for pool maintenance (CPO required) _____

Pool Operator Certificate expiration date (required field) _____

Does the pool/spa stay open year-round _____

When is the pool/spa open _____

Is the facility's pool/spa located within city limits?

Permit Fee – \$100 per Facility + \$50 per additional pool, spa or other aquatic play-feature. **After January 31st, 2025**, Permit Fee - \$200 per Facility + \$100 per additional pool or spa.

The applicant hereby acknowledges an understanding of the provisions of the City of Odessa's Ordinance relative to the payment of applicable permit fee, expiration date of permit and renewal requirements.

Name of Applicant _____ Date _____

Applicant Signature _____

For Treasurer's Use
Only

FA # _____ Date _____

Payment can be made in person via cash, check, money order or credit/debit card at ECHD, 221 N. Texas Odessa, TX. **Checks payable to: Ector County Health Department (must bring a photo I.D.)**