DIRECTOR



FEES ARE NOT REFUNDABLE

PUBLIC HEALTH SERVICES Healthy People in Healthy Communities

## RECREATIONAL HEALTH **SWIMMING POOLS/SPAS** ANNUAL OPERATING PERMIT APPLICATION

## DATE: \_\_\_\_\_ NAME OF APPLICANT: ADDRESS (RESIDENCE): \_\_\_\_\_\_ PHONE (RESIDENCE): APPLICANT'S SIGNATURE: NAME OF THE FACILITY: FACILITY'S ADDRESS: MAILING ADDRESS: FACILITY'S PHONE: NUMBER OF SWIMMING POOLS: SURFACE AREA OF THE ABOVE POOL (S): NUMBER OF SPAS: \_\_\_\_\_ OTHER: \_\_\_\_ **OFFICIAL USE ONLY** PERMIT FEE: