



# SAN BENITO COUNTY

HEALTH & HUMAN SERVICES AGENCY

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INTERIM HEALTH OFFICER

TRACEY BELTON  
AGENCY DIRECTOR

**PUBLIC HEALTH SERVICES**

Healthy People in Healthy Communities

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

**FEES ARE NOT REFUNDABLE**

**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:** \_\_\_\_\_