

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:
PERMIT #: