

Application For Public Pool Permit

Facility Name: _____

Street Address: _____

Mailing Address (If different from street address): _____

Facility Phone #: _____ Emergency Contact #: _____ Business Tax I.D. #: _____

Type of Pool: Pool Spa Waterslide Other:

Dates of Operation: Opening Date: _____ Closing Date: _____

Certified Pool Operator's Name: _____

CPO Expiration Date: _____ CPO Signature: _____

Name of Legal Owner: _____

Is the Legal Owner an: Individual Partnership Corporation Association Other:

Provide the name of all individuals comprising legal ownership and their mailing addresses:(attach additional pages if needed)

Name of Person Applying for Permit: _____

Phone #: _____ Mailing
Address: _____

What is your relationship to this facility? _____

I hereby certify to the best of my knowledge, the foregoing information is correct. I agree to abide by TriCounty Health Department's pool sanitation rules. I understand that this permit is revocable for non-compliance with Health Department rules and regulations. The Health Department will be allowed inspection access to the facility and facility records. I understand that the permit is non-transferrable.

Applicant's Signature: _____ Date: _____

HEALTH DEPARTMENT USE ONLY
Date Received: Amount Paid:
Receipt #: Received By: Approval Signature: Date: