



APPLICATION
For operation of a
Swimming Pool – Spa – Wading Pool

\$140 Permit fee must be included when submitting this form
Payable to: Central District Health Department

Please fill out this form completely. If requested information is unknown, indicate so. Incomplete or inaccurate information may cause a delay in processing of report.

Business Name: _____

Street Address: _____

Owner(s) Name: _____

Billing Address: _____

Pool Manager: _____

Contact Phone #: ____ - ____ - ____ ext.: ____

X _____
Owner/Pool Operator

Date

APPLICATIONS ARE ACCEPTED 30-DAYS PRIOR TO EXPIRATION OF EXISTING PERMIT

Inspector's use only _____Approved _____Not Approved

Pool Classification: A B C D

Comments: _____

Office use only: Date __/__/__ Paid \$ _____ Ck# _____ Receipt _____