

## POOL & SPA HEALTH PERMIT APPLICATION

**Date:** \_\_\_\_\_ **FA:** \_\_\_\_\_  
 A separate application form is required for each pool and spa.

Facility Name: _____	
Site Address: _____	City: _____
Owner: _____	Phone: _____
Address: _____	City: _____
Contractor: _____	Phone: _____
Address: _____	City: _____

Type	Size of Pool	Surface Area In Sq. Ft	Capacity In Gallons	Turnover Rate Time
[ ] Pool Length Width	_____	_____	_____	_____
[ ] Spa Depth Diameter	_____	_____	_____	_____

<b>FILTER</b>		
Brand Name _____	# of Filters _____	Filter Area in Sq. Ft. _____
Model # _____		Total Area in Sq. Ft. _____

<b>PUMP</b>		
Brand Name _____	Horsepower _____	
Model # _____	Total Output _____	GPM

<b>DRAIN COVER</b>		
Brand Name _____	Life Span _____	Install Date _____
Brand Name _____	Life Span _____	Install Date _____

**CHLORINATOR**  
 Brand Name \_\_\_\_\_ Model # \_\_\_\_\_

**FLOWMETER**  
 Brand Name \_\_\_\_\_ Model # \_\_\_\_\_

**SKIMMER**  
 Brand Name \_\_\_\_\_ Model # \_\_\_\_\_ # of Skimmers \_\_\_\_\_

For Office Use Only				
Payment - Cash/Check#: _____	Amount: _____	Receipt: _____	Date: _____	Received By: _____
Permit Expiration Date: _____	PE: _____	Comments: _____		
EHS Name: _____	EHS Signature: _____	Date: _____	<input type="checkbox"/> Vet Exempt Approved-No Fee	