



## HEALTH PERMIT APPLICATION

### OWNER INFORMATION

Owner Name: \_\_\_\_\_ DBA (Corp,LLC): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Business Phone No: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### FACILITY INFORMATION

Facility Name: \_\_\_\_\_ Website: \_\_\_\_\_

Facility Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Facility Phone No: \_\_\_\_\_ Alt Phone No: \_\_\_\_\_

Billing/Permit Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Care of: \_\_\_\_\_ E-mail: \_\_\_\_\_

### TYPE OF FACILITY

Spa \_\_\_\_\_  
Pool \_\_\_\_\_  
Water Feature \_\_\_\_\_

### Attachments

\*Anti- Entrapment Form (VGB)

#### OFFICE USE ONLY

Payment: Cash/Check# \_\_\_\_\_ Amount \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Receipt: \_\_\_\_\_ PE/Description: \_\_\_\_\_ Permit Expiration \_\_\_\_\_

EHS Signature: \_\_\_\_\_ Emp. ID# \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_