



**Division of Environmental Health**

100 H Street - Suite 100 - Eureka, CA 95501  
 Phone: 707-445-6215 - Toll Free: 800-963-9241  
 Fax: 707-441-5699  
 envhealth@co.humboldt.ca.us

**APPLICATION FOR PERMIT TO OPERATE A POOL/SPA**

*Note: Applicants must also submit a Supplemental Application Form for each body of water to be permitted.*

New       Facility Update       Change of Ownership Effective: \_\_\_\_\_

**POOL/SPA PERMIT TYPE**

# of Pools:	# of Spas:	<input type="checkbox"/> Year-round	<input type="checkbox"/> Seasonal – open	to
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**FACILITY INFORMATION**

Name of Facility:	
Previous Facility Name:	
Site Address: Street	City & Zip
Mailing Address: Street	City & Zip
E-mail Address:	Business Phone:

**BUSINESS OWNER PERMIT TO BE ISSUED TO: (Entity that is legally responsible for the operation of the pool/spa facility)**

IF THE BUSINESS/PERMIT HOLDER IS A CORPORATION, PLEASE ATTACH A COPY OF ARTICLES OF INCORPORATION

Permit Holder Name:	Phone Number:
Co-Owner Name (if applicable):	
Permit Mailing Address: Street	City & Zip

**ACCOUNT INFORMATION**

Billing Contact Name:	
Billing Mailing Address: Street	City & Zip
Phone Number:	Fax Number:

**WATER INFORMATION**

Water Supply:	<input type="checkbox"/> Individual	<input type="checkbox"/> Public – Supplier:
Type of Sewage System:	<input type="checkbox"/> Individual	<input type="checkbox"/> Public – Supplier:

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If paid by Credit Card\*: Date and amount paid

Confirmation #:

\*\*Please fill out the information requested above if paid by credit card or attach a copy of the confirmation sheet with this application.

* FOR OFFICE USE ONLY *			
Amount Paid: \$	<input type="checkbox"/> Cash <input type="checkbox"/> Check #:.....	Receipt number:	Anniversary/Billing Date: OA Initials and date entered:
Invoice number	Link to SR number:	FA#:	PE Code:
District <input type="checkbox"/> Arcata <input type="checkbox"/> Mid-County <input type="checkbox"/> South <input type="checkbox"/> North <input type="checkbox"/> Eureka (South) <input type="checkbox"/> Eureka (North)		Approved Program Element Code:	
Approving REHS/EHS Signature:		Signature Date:	
Senior REHS Signature:		Signature Date:	