

Public Pool Permit Application

Purpose of Application (check one & provide date)		
<input type="checkbox"/> New _____ opening date	<input type="checkbox"/> Ownership change _____ effective date	<input type="checkbox"/> Dormant Pool _____ effective date
Name of previous pool operator / owner _____		<input type="checkbox"/> Update info. _____ effective date

Location, Ownership, Management & Correspondence Information (print legibly)	
Site of Operation	Name of business _____ Type of business _____ Public pool business physical address _____ Nearest community/city and zip code _____ Business phone number _____ Emergency contact phone number _____ FAX number _____ Manager's name _____ E-mail address (to receive important public pool related notifications) _____ _____
Property Ownership	Type of legal owner entity: <input type="checkbox"/> Single owner <input type="checkbox"/> Partnership (list partners below) <input type="checkbox"/> Corporation <input type="checkbox"/> Non-profit <input type="checkbox"/> Other (describe) _____ Owner name _____ Owner E-mail _____ Owner contact number _____ Owner FAX number _____ Owner mailing address _____ If applicable, list partner's names and contact phone numbers _____ _____ _____ _____
Property Management	Name of property management company _____ Mailing address _____ Contact person _____ E-mail address _____ Phone number _____ Phone number _____ Phone number _____ _____
Permit Renewals, & Billing	Name of contact person for billing information _____ Contact phone number _____ Alternative contact number _____ Fax number _____ E-mail address _____ Billing mailing address _____ _____ City _____ State _____ Zip code _____

Office Use Only

Date: _____	Pay Type: _____	Amt: _____	Penalty _____	Facility ID# _____	Rcvd by: _____
-------------	-----------------	------------	---------------	--------------------	----------------

Number & Type of Pools

Number of pool(s) _____ Number of spa(s) _____ Number of wader(s) _____ Number of splash pad(s) _____

Public Pool Operation Period (Days & Hours)

☐ Ongoing operation ☐ Seasonal operation (give range of dates) _____

☐ Other (describe) _____

Check days open for business and provide business hours:

Days	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
Hours							

Certification & Agreement

I hereby certify under penalty of perjury that the information supplied on this application is true and correct.

- I understand that the permit issues subsequent to this application shall become void and the fee forfeited upon falsification of any portion of this application.
- I am aware that, should a permit be granted, I will be responsible for knowing and observing all requirements that are currently enforced or may hereafter be put in force pertaining to the above-named operation.
- I recognize that if my operation fails to meet applicable sanitation laws, regulations, and/or ordinances Imperial County Environmental Health Division may suspend or revoke the permit and require closure of the pool operation.
- I understand that the issuance of a permit by Imperial County Environmental Health Division does not imply any allowance to operate without meeting the requirements of any other department or agency having jurisdiction.
- I hereby consent to all inspections pertaining to the issuance of the permit and the operation described in this application.
- I understand that Imperial County Environmental Health Division must be notified of all proposed changes in operation and all proposed remodeling or construction at least 30 days prior to making the changes or starting the work.
- I am aware that the permit issued for my public pool is not transferable between persons and that any future prospective buyer must apply for a new permit (County of Imperial Codified Ordinance, 8.64.040 and 8.64.050).

Signature of owner _____ Date _____

Printed name _____ Title _____

Signature of authorized agent _____ Date _____

Printed name _____ Title _____

Office Use Only

Comments:

Approved By: _____ Date: _____

Facility ID # Assigned _____

Program ID # (s) Assigned _____

Imperial County Public Health Department, Environmental Health Division
 1221 W. State St., Suite B, El Centro CA 92243
 Phone: (442) 265-1888 Fax: (442) 265-1903
www.icphd.org