

**SOUTHEASTERN DISTRICT HEALTH DEPARTMENT
SWIMMING POOL PERMIT APPLICATION**

Date _____ SEASONAL () YEAR _____
EST. # _____ YEAR ROUND () CURRENT AMMOUNT _____
TYPE _____ TOTAL DUE _____
INVOICE _____

NAME OF PERMITTEE: _____ HOME PHONE #: _____
PARTNERS AND/OR PARENT COMPANY: _____ BUSINESS PHONE #: _____
ADDRESS: _____ PHONE #: _____

HEREBY REQUEST A PERMIT FOR _____ LOCATED AT _____
HOURS OF OPERATION _____ OPEN (MONTH) _____ CLOSE(MONTH) _____
POOL SIZE _____ GAL. BATHER LOAD _____ FLOW REQUIRED _____ 8 HRS _____

CERTIFIED POOL OPERATORS

NAME	CPO#	ADDRESS
_____	_____	_____
NAME	CPO#	ADDRESS
_____	_____	_____
NAME	CPO#	ADDRESS
_____	_____	_____

I UNDERSTAND THAT THE PERMIT IS NOT TRANSFERABLE AND IS BASED UPON COMPLIANCE WITH IDAPA 16.02.14 - RULES GOVERNING CONSTRUCTION AND OPERATION OF PUBLIC SWIMMING POOLS IN IDAHO, AND MAY BE REVOKED FOR VIOLATIONS OF SUCH REGULATIONS.

PLEASE MAKE CHECKS PAYABLE TO: SOUTHEASTERN DISTRICT HEALTH DEPARTMENT

SIGNED: _____
(OWNER/PERMITTEE) (DATE)

SIGNED: _____
(OWNER/PERMITTEE) (DATE)

FOR DEPARTMENT USE ONLY

AMOUNT \$ _____ DATE RECD ___/___/___ RECEIPT # _____ RECD BY _____