



PLUMAS COUNTY ENVIRONMENTAL HEALTH
 270 County Hospital Road, Ste 127, Quincy CA 95971
 Telephone (530) 283-6355 ~ FAX (530) 283-6241

Application for Permit to Operate a Pool or Spa/Hot Tub
An application and all fees are required for each pool and spa/hot tub

Owner	Owner Name _____ Phone () _____ Cell Phone () _____
	Physical Address* _____ City _____ State ____ Zip _____
	Mailing Address _____ City _____ State ____ Zip _____
Facility	Facility Name _____
	Physical Address _____ City _____ Zip _____
	Mailing Address _____ City _____ State ____ Zip _____
	Phone () _____ Alternate Phone: () _____ FAX() _____
Operator/Manager	Operator/Manager Name (If different from above) _____ Phone () _____
	Mailing Address _____ City _____ State ____ Zip _____
Billing	Please Send Invoices and Correspondence To: <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Facility
	NOTE: Invoices will be sent to owner unless otherwise noted.
EMERGENCY CONTACT INFORMATION	
<i>(Environmental Health will use this information in response to an emergency where rapid notification is necessary. Please list a person (other than the owner) who may be contacted if the Owner/Operator cannot be reached in the event of an emergency.</i>	
Name: _____ Title: _____	
Physical Address: _____ City: _____ State: ____ Zip: _____	
Day Phone: () _____ Night Phone: () _____ Cell Phone: () _____	
Email: _____ Other (please specify): _____	
<input checked="" type="checkbox"/>	TYPE OF PERMIT (ALL FEES ARE NON-REFUNDABLE & NON-TRANSFERABLE)
<input type="checkbox"/>	Recreational Health Swimming Pool
<input type="checkbox"/>	Recreational Health Spa/Hot Tub
<input type="checkbox"/>	Recreational Health Specialty Pool
	FEE (per unit)
	PE
	\$201.00 2401
	\$201.00 2402
	\$201.00 2403

* Physical address of owner and the physical address of facility should not be the same. This information is used for emergency purposes only.

I hereby make application for a permit to operate the above facility in accordance with the state health laws and local ordinances and regulations.

Name: _____ Signature: _____ Date: _____

FOR OFFICE USE ONLY			
Date Payment Received: _____	Amount: _____	Receipt No: _____	Check No: _____ Rec'd By: _____
<input type="checkbox"/> New Construction/Remodel <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Information Update <input type="checkbox"/> Other _____			
Facility ID #: _____	Program ID #: _____	Owner ID #: _____	
Plans Approved By: _____	Date: _____		
Environmental Health Specialist Approval By: _____	Date: _____	Permit Issued By: _____	Date: _____