



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

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 Name (If different from above) _____ Phone () _____		
Billing	Mailing Address _____ City _____ State ____ Zip _____		
	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 (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 <u>if</u> the Owner/Operator cannot be reached in the event of an emergency.			
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 <u>NON-REFUNDABLE</u> & <u>NON-TRANSFERABLE</u>)	FEE (per unit)	PE
<input type="checkbox"/>	Recreational Health Swimming Pool	\$238.00	2401
<input type="checkbox"/>	Recreational Health Spa/Hot Tub	\$238.00	2402
<input type="checkbox"/>	Recreational Health Specialty Pool	\$238.00	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: _____			