



## 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*

|  |  |                               |                           |           |
|--|--|-------------------------------|---------------------------|-----------|
| <b>Owner</b>   | Owner Name _____   | Phone ( ) _____               | Cell Phone ( ) _____      |           |
|  | Physical Address* _____  | City _____                    | State _____ Zip _____     |           |
|  | Mailing Address _____  | City _____                    | State _____ Zip _____     |           |
| <b>Facility</b>  | Facility Name _____  |                               |                           |           |
|  | Physical Address _____   | City _____                    | Zip _____                 |           |
|  | Mailing Address _____  | City _____                    | State _____ Zip _____     |           |
|  | Phone ( ) _____  | Alternate Phone: ( ) _____    | FAX( ) _____              |           |
| Operator/Manager Name (If different from above) _____  |  | Phone ( ) _____               |                           |           |
| Mailing Address _____  |  | City _____                    | State _____ Zip _____     |           |
| <b>Billing</b>   | 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.   |  |                               |                           |           |
| <b>EMERGENCY CONTACT INFORMATION</b>   |  |                               |                           |           |
| (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.) |  |                               |                           |           |
| Name: _____  |  | Title: _____                  |                           |           |
| Physical Address: _____  |  | City: _____                   | State: _____ Zip: _____   |           |
| Day Phone: ( ) _____   |  | Night Phone: ( ) _____        | Cell Phone: ( ) _____     |           |
| Email: _____   |  | Other (please specify): _____ |                           |           |
| <input checked="" type="checkbox"/>  | <b>TYPE OF PERMIT (ALL FEES ARE <u>NON-REFUNDABLE &amp; NON-TRANSFERABLE</u>)</b>  |                               | <b>FEE<br/>(per unit)</b> | <b>PE</b> |
| <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: \_\_\_\_\_

New Construction/Remodel  Change of Ownership  Information Update  Other \_\_\_\_\_

Facility ID #: \_\_\_\_\_ Program ID #: \_\_\_\_\_ Owner ID #: \_\_\_\_\_

Plans Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Environmental Health Specialist Approval By: \_\_\_\_\_ Date: \_\_\_\_\_ Permit Issued By: \_\_\_\_\_ Date: \_\_\_\_\_