POOL/SPA FACILITY PERMIT APPLICATION

TYPE OF POOL *(please submit one application per body of water)*: ☐ **POOL**   ☐ **SPA**   ☐ **WADER**   ☐ **SPRAY GROUND**   ☐ **SPECIAL PURPOSE**

☐ **NEW**   ☐ **CHANGE OF OWNERSHIP**   ☐ **RENEWAL**   ☐ **FOR RECORDS ONLY**

Facility Name _____   APN *(if known)*: _____

Site Address _____ Ste # _____ City _____ Zip _____

Owner Name _____ Phone _____ Email Address _____

Mailing Address _____ Ste # _____ City _____ State _____ Zip _____

Operator/Mgmt. Company _____ Phone _____ Email Address _____

Mailing Address _____ Ste # _____ City _____ State _____ Zip _____

Onsite Manager _____ Phone _____ Email Address _____

Pool Service Company (if applicable) _____ Phone _____

Opening Date: _____ Ownership Date Change: _____

PERMITS ARE VALID JUNE 1 THROUGH MAY 31st
FEES WILL BE PRORATED ACCORDINGLY

Permit Fee Due $ _____

Additional Plan Review Hrs. Due _____ Hrs. at $_____ per Hour   Total Plan Review Fee Due $ _____

Application Fees Due By:_____   Total Fee Due $ _____

I (we) understand that the permit, when issued in compliance with the applicable County Code, is valid for the dates as specified on the permit and is not transferable upon change of ownership. Permits may be suspended or revoked for good cause. I (we) agree to operate in compliance with all applicable State health laws and the rules and regulations set forth by the California Department of Public Health.

Any permit that is not reinstated by the designated anniversary date, due to failure to submit permit fees, shall be deemed delinquent. Permits that continue to remain delinquent will be subject to late fees at intervals of thirty (30) days and sixty (60) days past the anniversary date. The amount assessed shall be included in the fee schedule approved by resolution of the Board of Supervisors with the annual budget. *County Code, Sec. 14-4(n).*

The permit may be suspended or revoked for good cause. The permit is not transferable upon change of ownership and is valid only for the location/facility listed above.

Applicant Signature _____   Date _____

Print Name _____   Title _____

For office use only:

Application Date_____ FA #_____ PR #_____ Dist._____

Comments: _____

Pool: _____ Spa: _____ Issue Permit _____ Approved by _____ Date _____

☐Cash ☐Check/Credit Card Trans# _____ Date rec'd _____ by _____ Amount rec'd $ _____

June 2022