

Receipt # _____
Amount Paid _____
Date Paid _____

Inyo County Environmental Health Services
P.O. Box 427 Independence, CA 93526
(760) 878-0238, FAX (760) 878-0239

Application for Public Pool
Pool Permit

Basic Facility Information:

- New Business
- Business Name Change
- Change of Address
- Change of Owner
- Update Information

Business Information:

Name of Business _____
Business Mailing Address _____
Location Address _____
Business Phone Number _____
Pool _____ Spa _____ Other _____

Business Owners Information:

Name _____
Home Address _____
City _____ Phone _____

Managers Information:

Name _____
Home Address _____
City _____ Phone _____

Building Owner:

Name _____
Home Address _____
City _____ Phone _____

Emergency Contact

Name (not owner or manager) _____
Address _____
City _____ Phone _____

If new construction, plans must be approved by Environmental Health Specialist before starting construction.

Applicant hereby makes application for a permit to operate a facility with a pool/spa in accordance with the law, ordinances and regulations that are now or may hereinafter be in force by the United States Government, the State of

California and the County of Inyo pertaining to the above mentioned business.

Applicant's Signature _____ Date _____

(For Department Use Only)

Department Comments:

- Approved
- Pending
- Denied

R.E.H.S. Signature _____ Date _____