APPLICATION

For operation of a

Swimming Pool – Spa - Wading Pool

$130 Permit fee must be included when submitting this form
Payable to: Central District Health Department

Please fill out this form completely. If requested information is unknown, indicate so.
Incomplete or inaccurate information may cause a delay in processing of report.

Business Name:_____

Street Address:_____

Owner(s) Name:_____

Billing Address:_____

Pool Manager:_____

Contact Phone #:____-____-_____ ext: ___

X_____/___/_____
Owner/Pool Operator Date

APPLICATIONS ARE ACCEPTED 30-DAYS PRIOR TO EXPIRATION OF EXISTING PERMIT

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