



151 N. Main Street
Environmental Health, Suite 140
Tooele, Utah 84074
Phone (435) 277-2440 • Fax (435) 277-2444

APPLICATION - SPA / HOT TUB PERMIT

FACILITY NAME: _____

FACILITY ADDRESS: _____

PHONE #: _____ FAX #: _____

OWNER/MANAGER: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ FAX #: _____

E-MAIL: _____

SPA LOCATION: INDOOR / OUTDOOR OPERATING: SEASONAL / YEAR ROUND

CERTIFIED POOL OPERATOR: _____

CPO #: _____ DATE ISSUED: _____ DATE EXPIRES: _____

****PLEASE ATTACH A COPY OF THE CERTIFIED POOL OPERATORS CERTIFICATE****

Applicant agrees that maintenance of a health permit is predicated on compliance with Utah Code R392-302 (Swimming pool design, construction and operation of public pools). This permit is non-transferable and revocable for noncompliance. Permit is valid for one year from date of issue.

APPLICANTS SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

Permit Fee: _____

Permit Number: _____

Sampling Fee: _____

Permit Expires: _____

Of Samples: _____

Receipt#: _____

Total due: _____

Date: _____