



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

## APPLICATION - SWIMMING POOL PERMIT

FACILITY NAME: \_\_\_\_\_

FACILITY ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

OWNER/MANAGER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

POOL 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: \_\_\_\_\_

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### OFFICE USE ONLY

Permit Fee: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Sampling Fee: \_\_\_\_\_

Permit Expires: \_\_\_\_\_

# Of Samples: \_\_\_\_\_

Receipt#: \_\_\_\_\_

Total due: \_\_\_\_\_

Date: \_\_\_\_\_