

Placer County Health and Human Services Department Division of Environmental Health

Amount Paid \$:	
Date Paid:	
Receipt #	
Check #	
CC Auth #	

APPLICATION FOR RECREATIONAL HEALTH FACILITY

(Fill out one application per pool, spa, wading pool or water feature)

☐ Update	Information	☐ Change of Ow	ner □ Ne	ew Application		
Name of Facility:	:					
Address of Facil	ity:					
		grounds on Premi	ises:			
Provide Keys (gate & equipment room): Yes or No Gate Code:						
Months of Operation: Hours of Operation:						
☐ Year Round Pool	☐ Seasonal Pool	☐ Year Round Spa	☐ Seasonal Spa	☐ Water Feature/Spray		
	OWNER INFORMATION					
Owner's Name: _						
Mailing Address:	• ·					
Email Address: _	Phone #:					
	MAILING ADDRESS FOR CORRESPONDENCE					
	Invoices, Inspection reports, Questions & complaints, etc					
Address:						
Email Address: _			Phone #: _			
		MANAGER'S INF	<u>ORMATION</u>			
Name:						
Address:						
Email Address: _			Phone #: _			
	FACILITY	MAINTENANCE o	r SERVICE COM	PANY		
Name:						
Email Address:			Phone#:			
		EMERGENCY (Not an Owner or	CONTACT Manager)			
Name:						
Address:						
Email Address:			Phone #:			
Signature of App	olicant:		Date	:		

Community Development and Resource Agency Building, 3091 County Center Drive, Suite 180, Auburn, CA 95603 € 530.745-2300

www.placer.ca.gov fax 530.745-2370

Tahoe Administration Building, 775 North Lake Blvd, Suite 203, P.O. Box 1909, Tahoe City, CA 96145-1909 530.581.6240

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