



Environmental Health 625 5<sup>th</sup> Street ❖ Santa Rosa, CA 95404 ❖ 707-565-6565 ❖ Fax 707-565-6525

<https://sonomacounty.ca.gov/Health/Environmental-Health-and-Safety/>

**PUBLIC POOL PERMIT APPLICATION**

**APPLICANT:** Answer all questions completely. Sign and date below. Retain last copy. Submit original to the Environmental Health & Safety. *Please print or type.*

Pool name \_\_\_\_\_

Pool address \_\_\_\_\_

Pool owner \_\_\_\_\_ Phone \_\_\_\_\_

Operator/management company \_\_\_\_\_

Contact person \_\_\_\_\_ Phone \_\_\_\_\_

Mailing address (if different from above)

Street address \_\_\_\_\_

City/zip \_\_\_\_\_

On-site manager name \_\_\_\_\_ Phone \_\_\_\_\_

Pool service (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_

Date pool will open \_\_\_\_\_ Permit fee due \$ \_\_\_\_\_

Additional Plan Check Hours \_\_\_\_\_ hrs. @ \$ \_\_\_\_\_ per hour Total plan check fee due \$ \_\_\_\_\_

**PERMITS ARE VALID MAY 1 THROUGH APRIL 30<sup>th</sup>. FEES WILL BE PRORATED ACCORDINGLY.**

I (we) understand that the permit, when issued in compliance with the applicable County Code, is valid for the dates as specified on the permit and is not transferable upon change of ownership. Permits may be suspended or revoked for good cause. I (we) agree to operate in compliance with all applicable State health laws and the rules and regulations set forth by the California Department of Public Health.

Any permit that is not reinstated by the designated anniversary date, due to failure to submit permit fees, shall be deemed delinquent. Permits that continue to remain delinquent will be subject to late fees at intervals of thirty (30) days and sixty (60) days past the anniversary date. The amount assessed shall be included in the fee schedule approved by resolution of the Board of Supervisors with the annual budget. *County Code, Sec. 14-4(n).*

The permit may be suspended or revoked for good cause. The permit is not transferable upon change of ownership and is valid only for the location/facility listed above.

**PLEASE MAIL PAYMENT WITH THIS APPLICATION**

Name (print) \_\_\_\_\_

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

- Original application       Change of ownership       Renewal

For Office Use Only

**For office use only:**  
Pool(s) \_\_\_\_\_ Spa(s) \_\_\_\_\_ PR # \_\_\_\_\_ District \_\_\_\_\_ Issue Permit \_\_\_\_\_ Approved by \_\_\_\_\_

Cash    Check    Credit Card   Trans # \_\_\_\_\_ Date rec'd \_\_\_\_\_ By \_\_\_\_\_

**Total amount rec'd \$** \_\_\_\_\_ Original-EH   Yellow-Owner   pool permit.doc (Rev. Dec 2019)