

PANHANDLE HEALTH DISTRICT 1 SWIMMING POOL PERMIT APPLICATION

Persons requesting a permit to open and operate a public swimming pool in Idaho must be in compliance with
- RULES GOVERNING CONSTRUCTION AND OPERATION OF PUBLIC SWIMMING POOLS IN IDAHO -

NAME OF PUBLIC POOL: _____

Location: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Business Phone: _____

NAME OF APPLICANT: _____

(Name of person permit will be issued to in behalf of the public pool)

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____

I certify that I am the legal owner or representative for the above-mentioned Public Swimming Pool and verify this pool is and will operate in compliance with RULES GOVERNING CONSTRUCTION AND OPERATION OF PUBLIC SWIMMING POOLS IN IDAHO.

Applicant(s) Signature: _____ **Date:** _____

DEPARTMENT USE ONLY

New Applicant for a newly constructed public swimming pool: _____

Permit Renewal: _____

Change of Applicant: _____

Fee Paid: _____ Receipt #: _____ Pool Permit #: _____

Permit approved (EHS) _____ Date: _____