



**Public Health**  
Prevent. Promote. Protect.  
Panhandle Health District

# Panhandle Health District

Healthy People in Healthy Communities



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

**Name of Owner:** \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*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 #: \_\_\_\_\_

Clerical: \_\_\_\_\_

Permit approved (EHS) \_\_\_\_\_ **Date:** \_\_\_\_\_

Hayden –  
Kootenai County  
8500 N. Atlas Rd.  
Hayden, ID 83835  
208.415.5200

Sandpoint –  
Bonner County  
2101 W. Pine St.  
Sandpoint, ID 83864  
208.265.6384

Kellogg –  
Shoshone County  
35 Wildcat Way  
Kellogg, ID 83837  
208.783.0707

Bonnars Ferry – Boundary  
County  
7402 Caribou St.  
Bonnars Ferry, ID 83805  
208.267.5558

St. Maries – Benewah  
County  
137 N. 8<sup>th</sup> St.  
St. Maries, ID 83861  
208.245.4556