



**Southeastern
Idaho Public Health**
Swimming Pool Application

Date _____ SEASONAL () YEAR _____
 EST. # _____ YEAR ROUND () CURRENT AMMOUNT _____
 TYPE _____ TOTAL DUE _____
 INVOICE _____

NAME OF PERMITTEE: _____ HOME PHONE #: _____
 PARTNERS AND/OR PARENT COMPANY: _____ BUSINESS PHONE #: _____
 _____ PHONE #: _____
 ADDRESS: _____

CERTIFIED POOL OPERATORS

NAME	CPO#	ADDRESS

I UNDERSTAND THAT THE PERMIT IS NOT TRANSFERABLE AND IS BASED UPON COMPLIANCE WITH IDAPA 16.02.14 - RULES GOVERNING CONSTRUCTION AND OPERATION OF PUBLIC SWIMMING POOLS IN IDAHO, AND MAY BE REVOKED FOR VIOLATIONS OF SUCH REGULATIONS.

PLEASE MAKE CHECKS PAYABLE TO: SOUTHEASTERN IDAHO PUBLIC HEALTH

SIGNED: _____
 (OWNER/PERMITTEE) (DATE)
 SIGNED: _____
 (OWNER/PERMITTEE) (DATE)

FOR DEPARTMENT USE ONLY

AMOUNT \$ _____ DATE RECD ____/____/____ RECEIPT # _____ RECD BY _____