



Public Pool Permit Application

Physical Address: 22 South State Street, Clearfield, UT 84015

Mailing Address: P.O. Box 618, Farmington, UT 84025

Email Address: DCEnvHealth@daviscountyutah.gov

Phone: 801-525-5128, Fax: 801-525-5119

Facility Information

| | | | | | |
|---------------------|---------------------------------------|--|--|----------------------------------|------------------------------------|
| Facility Name: | Facility Phone Number: | | | | |
| Facility Address: | City/State/Zip: | | | | |
| Type of Application | <input type="checkbox"/> New Facility | <input type="checkbox"/> Permit Renewal | <input type="checkbox"/> Change of Ownership | <input type="checkbox"/> Remodel | |
| Type of Use: | <input type="checkbox"/> Year Round | <input type="checkbox"/> Seasonal Use | <input type="checkbox"/> Indoor | <input type="checkbox"/> Outdoor | |
| Type of Pool: | <input type="checkbox"/> Swimming | <input type="checkbox"/> Spa | <input type="checkbox"/> Wading | <input type="checkbox"/> Therapy | <input type="checkbox"/> Wave Pool |
| | <input type="checkbox"/> Waterslide | <input type="checkbox"/> Interactive Water Feature | <input type="checkbox"/> Other please specify: _____ | | |

Invoice Information

| | |
|------------------|-----------------|
| Name: | |
| Billing Address: | City/State/Zip: |

Mailing Information (sample results will be sent here)

| | |
|------------------|-----------------|
| Name: | Email Address: |
| Mailing Address: | City/State/Zip: |

Contact Information

| | | |
|--------------------------|---------------|--------|
| Facility Manager: | Phone Number: | Email: |
| Certified Pool Operator: | Phone Number: | Email: |

Owner Information

| | |
|----------------|-----------------|
| Business Name: | Phone Number: |
| Owner Name: | Email Address: |
| Address: | City/State/Zip: |

Contractor Information (if applicable)

| | | |
|------------------|---------------|--------|
| Contractor Name: | Phone Number: | Email: |
| Engineer Name: | Phone Number: | Email: |

Conditions of Permit

*A Department representative must be provided access to the regulated premises upon providing identification. A permit is not transferable and the Davis County Health Department must be notified prior to making any changes or modifications to the approved facility, operations, or permit information. Failure to comply with the applicable rules and regulations may result in the suspension or revocation of the permit. **I hereby certify that all the information provided in the application is correct and I understand and agree to the conditions of this permit.***

Applicant Signature: _____ Name (Print): _____ Date: _____

Permit Approval (Office Use Only)

| | | | |
|--|------------------|-----------------|-----------------|
| <input type="checkbox"/> Application Fee | Date Paid: _____ | Amount \$ _____ | Receipt # _____ |
| <input type="checkbox"/> Plan Review Fee | Date Paid: _____ | Amount \$ _____ | Receipt # _____ |