



County of Yolo

DEPARTMENT OF COMMUNITY SERVICES

Environmental Health Division

292 West Beamer Street, Woodland, CA 95695
 PHONE: (530) 666-8646 FAX: (530) 669-1448

PUBLIC HEALTH PERMIT APPLICATION FOR SWIMMING POOL/SPA

Complete fields below. Sign and return to Environmental Health with applicable fee(s).

NAME of ESTABLISHMENT (DBA) _____

SITE ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

SITE PHONE _____ **FAX NUMBER** _____ **EMAIL** _____

TYPE OF ESTABLISHMENT: HOTEL/MOTEL _____ MHP _____ APT _____ OTHER _____

NEW _____ **EXISTING** _____ **CHANGE OF OWNERSHIP** _____ **FACILITY INFORMATION UPDATE** _____

OWNER or COMPANY NAME _____

OWNERSHIP STATUS OF ABOVE: Sole Proprietor Partnership Corporation LLC

LIST ALL OWNERS, PARTNERS, ETC. (please attach additional page of owner information to this application if necessary):

OWNER NAME _____ **OWNER NAME** _____

BUSINESS/HOME ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

BUSINESS PHONE _____ **HOME/EMERGENCY CONTACT PHONE** _____

BILLING INFORMATION / NAME OF CONTACT _____

BILLING ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

BILLING PHONE _____ **BILLING FAX NUMBER** _____

INDIVIDUAL POOL/SPA INFORMATION

- **POOL TYPE** _____ **YEAR BUILT** _____ **CAPACITY IN GALLONS** _____
LOCATION ON PROPERTY _____
- **POOL TYPE** _____ **YEAR BUILT** _____ **CAPACITY IN GALLONS** _____
LOCATION ON PROPERTY _____
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LOCATION ON PROPERTY _____

Please attach additional page of information to the is application if there are more than three pools or spas

In compliance with Yolo County Code, Title 6, Chapter 9, I hereby make this application for a Public Health permit for the above stated establishment/business. I understand this permit is **NON-REFUNDABLE** and **NON-TRANSFERABLE** to a new owner or a new location.

APPLICANT'S SIGNATURE _____ **TITLE** _____

PRINTED NAME _____ **DATE** _____

FOR OFFICE USE ONLY	Approved By	Permit #
Amount Paid Date	Date Approved	FA #
Check Number <input type="checkbox"/> Credit <input type="checkbox"/> Cash	Condition of Approval	PE #
Receipt Number	Date of opening:	Closing business date & initial: