

APPLICATION FOR PUBLIC SWIMMING POOL PERMIT

Name of Establishment _____

Address _____
Street City State Zip Code

Telephone Number _____

Pool Operator or Owner _____
Name Home Phone

Hours of Operation _____ Number of Employees _____

Name and address of pool owner if other than above:

Name Street City State Zip Code

Mailing address for permit and receipt:

Name Street City State Zip Code

Please pay your fee based on whether you are open seasonally or year-round.

Annual Fee for Seasonal Pool	\$ 75.00
Annual Fee for Year-Round Pool	\$125.00

PLEASE MAKE CHECKS PAYABLE TO HANCOCK COUNTY HEALTH DEPT.

Printed Name of Applicant Signature of Applicant

Date

PLEASE NOTIFY THE HANCOCK COUNTY HEALTH DEPARTMENT IF ANY CHANGES OCCUR CONCERNING THE ABOVE INFORMATION.

Office Use Only

PERMIT NO. _____ DATE ISSUED: _____

DATE INSPECTED: _____