



Working for Healthy Communities

Public Swimming Pool Permit Application

Facility Name: _____

Physical Address: _____

Mailing Address: _____

Business Phone: _____ Email: _____

Owner Name: _____ Owner Phone: _____

Address: _____

Pool Operator: _____ Certificate #/Date: _____

Maintenance of Public Swimming Pool Permit is conditional upon compliance with the Central Utah Public Health Department food service sanitation regulations and may be suspended and/or revoked for cause.

Applicant Signature: _____ Date: _____

- Permits are valid for the calendar year, renewable on January 1st of each year.
- Permits are non-transferable.

Tier 1: Facility with a single pool, spa, or interactive water feature.

Tier 2: Facility with 2 or more pools, spas, interactive water features, or combination of such.

Office Use Only

Permit Fees: Tier 1: \$185 Tier 2: \$230

Amount Paid: _____ Permit #: _____

Date Received: _____ Received by: _____ Receipt #: _____

Payment Method: Cash Check #: _____ Credit Card