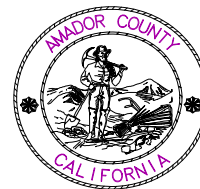


ENVIRONMENTAL HEALTH DEPARTMENT

LAND USE AGENCY

810 COURT STREET JACKSON, CA 95642 PHONE: (209) 223-6439 FAX: (209) 223-6228



PUBLIC POOL /SPA PERMIT APPLICATION

OWNER:

Name _____
Street Address _____
City _____ State _____ Zip _____
Phone _____ Alt. Phone _____
Mailing Address _____
City _____ State _____ Zip _____
Nature of Business _____

FACILITY:

Name _____
Site Address _____
City _____ State _____ Zip _____
Phone _____
Mailing Address _____
City _____ State _____ Zip _____
Assessor's Parcel No. _____

EMERGENCY NOTIFICATION:

	<u>Name</u>	<u>Day Phone</u>	<u>Night Phone</u>
Contact 1	_____	_____	_____
Contact 2	_____	_____	_____

DESCRIPTION:

Manager _____

Owner's Signature _____ Date _____