



TRINITY COUNTY
Environmental Health Department
61 Airport Road P.O. Box 476
Weaverville, CA 96093
Phone: 530-623-1459 Fax: 623-1353
Hours: Monday – Thursday 8:00 am – 2:00 pm
Closed Fridays

APPLICATION FOR PERMIT TO OPERATE A PUBLIC POOL/SPA
Annual Renewal or Plan Review Fee for New Facility is \$248.00

- Change in Ownership for an Existing Pool / Hot Tub**
 New Pool Facility **New Hot Tub**

Name of Establishment: _____

Physical Address: _____

Assessor's Parcel Number (APN): _____

Dates of Operation – Opening Date: _____ Closing Date: _____

Water Supply: Public System _____ Name of System: _____

Private System: _____ Water Source: Well Spring Creek Other: _____

Name of Owner: _____

Mailing Address to receive permit: _____

Telephone Number: _____ () _____ Email: _____

Name of Pool Operator: _____

Telephone Number: _____ () _____ Email: _____

Check the Shape of the Pool: Rectangular Round Oval Other: _____

Describe Facility Dimensions _____ L x W x DE (depth of deep end) x SE (depth of shallow end): _____

How many gallons does your pool and/or hot tub hold? _____

Describe sanitation method: _____

Applicant's Printed Name: _____

Applicant's Signature: ✓ _____ **Date:** _____

Approved By: _____ Date: _____ Expires: _____

Conditions of Approval: _____