

EASTERN IDAHO PUBLIC HEALTH DISTRICT SWIMMING POOL PERMIT APPLICATION

*Persons requesting a permit to open and operate a public swimming pool in Idaho must be in compliance with
"RULES GOVERNING CONSTRUCTION AND OPERATION OF PUBLIC SWIMMING POOLS IN IDAHO."*

NAME OF PUBLIC POOL: _____

Location: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Business Phone: _____

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NAME OF APPLICANT: _____

(Name of person permit will be issued to in behalf of the public pool)

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____

*I certify that I am the legal owner or representative for the above-mentioned Public Swimming Pool and
verify this pool is and will operate in compliance with "RULES GOVERNING CONSTRUCTION AND
OPERATION OF PUBLIC SWIMMING POOLS IN IDAHO."*

Applicant's Signature: _____ Date: _____

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HEALTH DISTRICT USE ONLY

New Applicant for a newly constructed public swimming pool: _____

Permit Renewal: _____

Change of Applicant: _____

Fee Paid: _____ Receipt #: _____ Pool Permit #: _____

Permit approved by (EHS) _____ Date: _____