



Division of Environmental Health
151 S University Ave, Suite 2600
Provo UT 84601
(801) 851-7525

Health Department

APPLICATION FOR PUBLIC POOLS

Owner Name: _____

Address: _____ City: _____ ZIP: _____

Email Address: _____ Phone Number: (____) _____ - _____

Owner Mailing Address: *(if different from above)* _____

Business Name: _____ Business Type: _____

Business Address: _____ City: _____ Zip: _____

Business Phone: (____) _____ - _____ Business email _____

of Seasonal Pools _____ # of Seasonal Spas _____

Year-round Pools _____ # of Year-round Spas _____

***Incomplete applications will not be accepted.**

In consideration of granting said permit, I hereby specifically agree to each of the following conditions and specifically waive all objections thereto:

- This permit is non-transferable.
- Prior to operating the business authorized by said permit, all fees relating to said permit shall be paid and premises inspected by the Utah County Health Department. ***Pre-opening inspection must be scheduled at least 2 business days prior to opening date of business.***
- All businesses and premises operated pursuant to said permit will be conducted and maintained in accordance with all relevant health statutes, ordinances, rules, and regulations.
- During the term of said permit, I, and my employees will allow Utah County Health Department inspector's access to the premises during normal working hours to conduct such inspections as may be necessary to guarantee compliance with health codes. I specifically waive any right to demand the issuance of a search warrant or other investigative order prior to conducting such inspections.

I understand and agree that violation of this application agreement may result in suspension, termination, or non-renewal of said permit.

Name: *(print)* _____

Relation to Business _____

Signature: _____

Date: _____

Utah County ID #s _____

Permit #s _____

Permit Fee: \$ _____ Received By: _____
Payment Date: _____
Cash <input type="checkbox"/> Check <input type="checkbox"/> _____ Credit/Debit <input type="checkbox"/> _____