

**COUNTY OF SONOMA DEPARTMENT OF HEALTH SERVICES  
ENVIRONMENTAL HEALTH DIVISION**

475 Aviation Blvd., Suite 220 ❖ Santa Rosa, CA 95403  
Phone (707) 565-6565 ❖ FAX (707) 565-6525 ❖ www.sonoma-county.org

**PUBLIC POOL PERMIT APPLICATION**

**APPLICANT:** Answer all questions completely. Sign and date below. Retain last copy. Submit original to the Environmental Health Division. *Please print or type.*

Pool name \_\_\_\_\_

Pool address \_\_\_\_\_

Pool owner \_\_\_\_\_ Phone \_\_\_\_\_

Operator/management company \_\_\_\_\_

Contact person \_\_\_\_\_ Phone \_\_\_\_\_

Mailing address (if different from above)

Street address \_\_\_\_\_

City/zip \_\_\_\_\_

On-site manager name \_\_\_\_\_ Phone \_\_\_\_\_

Pool service (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_

Date pool will open \_\_\_\_\_ Fee enclosed \_\_\_\_\_

Application is for [ ] Seasonal permit (May 1–Oct. 31) [ ] Year-round permit (May 1–April 30)

**FEES ARE NOT PRORATED. PERMITS ARE ISSUED FOR THE PERIOD LISTED ABOVE AND ARE VALID UNLESS SUSPENDED OR REVOKED FOR GOOD CAUSE.**

I (we) understand that the permit, when issued in compliance with the applicable County Code, is valid for the dates as specified above and is not transferable upon change of ownership. I (we) agree to operate in compliance with all applicable State health laws and the rules and regulations set forth by the State Department of Health Services or the County Public Health Officer.

**PLEASE MAIL PAYMENT WITH THIS APPLICATION**

Name (print) \_\_\_\_\_

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

[ ] Original application [ ] Change of ownership [ ] Renewal

**For Office Use Only**

Pool(s) \_\_\_\_\_ Spa(s) \_\_\_\_\_ Other \_\_\_\_\_ PR# \_\_\_\_\_ FA# \_\_\_\_\_

Amt. Rec'd. \$ \_\_\_\_\_ [ ] Cash [ ] CC/Check # \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Rec'd by \_\_\_\_\_