



**COUNTY OF EL DORADO
ENVIRONMENTAL MANAGEMENT DEPARTMENT**

Placerville Office
2850 Fairlane Ct., Bldg. C
Placerville, CA 95667
(530) 621-5300
FAX (530) 621-7130

South Lake Tahoe Office
924 B. Emerald Bay Rd.
South Lake Tahoe, CA 96150
(530) 573-3450
FAX (530) 542-3364

SWIMMING POOL/SPA/WADING POOL PERMIT APPLICATION

<input type="checkbox"/> New Facility	<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> Existing Facility - Remodel	<input type="checkbox"/> Other: (Describe)
No. of Pools:	No. of Spas:	No. of Wading Pools:	No. Other:
BUSINESS/FACILITY INFORMATION			
Type of Business:		Start/Change Date:	
Business Name:		<input type="checkbox"/> Owner/ <input type="checkbox"/> Operator Name:	
		<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation/LLC	
Facility Address:		Mailing Address:	
City:	State:	Zip:	City:
			State:
			Zip:
Phone:	Email:	Phone:	Email:
APN:	Dates of Operation:		
Water Supply:	Sewage Disposal:	Opening/Closing Times:	

CERTIFICATION

I certify that I am the owner of the above-described property, or the authorized representative of such owner, and that all the information I have furnished is current and accurate to the best of my knowledge, and I understand that I am responsible for ensuring compliance with the California Pool Code and the County of El Dorado Ordinance, and the conditions of the Permit Application, including any conditions which may be added or changed by EMD upon review of this Application and issuance of the Permit. I further understand that any permit issued pursuant to this application is subject to such further conditions as may be deemed necessary to ensure compliance with the permit regulations.

Authorized Signature	Date
Print Name	Title
Driver's License No. and State of Issue:	Tax I.D. No. (Corporation/LLC):

Office Use Only

Fee Paid (\$):	Date Received:	Invoice/Receipt No.:
Received By:	Assigned to:	Date Assigned:

Facility ID: _____