

Receipt # _____
Amount Paid _____
Date Paid _____



Environmental Health Department
1360 North Main Street, Bishop, CA 93514
(760) 878-0238, inyoehd@inyocounty.us

Application for Public Pool Facility Permit

Basic Facility Information:

- New Business _____ →
- Business Name Change
- Change of Address
- Change of Owner
- Update Information

Please note:

New facilities require a plan check before construction begins. Please provide two sets of detailed plans and a copy of the menu with this completed food facility application. Plan check fees, based on our hourly rate, may apply.

Business Information:

Name of Business _____
Phone Number _____ Email _____
Business Mailing Address _____
City _____ State _____ Zip _____
Location Address _____
City _____ State _____ Zip _____
Seasonal Operating Period _____
Number of pools _____ Number of spas _____ Number of hot baths _____

Business Owners Information:

Name _____
Phone Number _____ Email _____
Home Address _____
City _____ State _____ Zip _____
Email _____

Manager Information:

Name _____
Phone Number _____ Email _____
Home Address _____
City _____ State _____ Zip _____
Email _____

Property Owner Information:

Name _____
Phone Number _____ Email _____
Home Address _____
City _____ State _____ Zip _____

Emergency Contact:

Name (not owner or manager) _____
Phone Number _____ Email _____
Home Address _____
City _____ State _____ Zip _____

If this application is for a new construction, plans must be approved by a Registered Environmental Health Specialist prior to starting construction.

The applicant hereby submits this application for a permit to operate a facility with a pool, spa, and/or hot bath in accordance with the law, ordinances, and regulations that are now or may hereinafter be in force by the United State Government, the State of California, and the County of Inyo pertaining to the abovementioned business.

Applicant's Signature _____ Date _____

(For Department Use Only)

Department Comments:

- Approved
- Pending
- Denied

Comments: _____

R.E.H.S. Signature: _____ Date: _____