



# Public Health

North Central District Health Department

**Nez Perce County**

215 10<sup>th</sup> Street  
Lewiston, ID 83501  
(208) 799-3100  
Fax (208) 799-0349

**Latah County**

333 E Palouse River Drive  
Moscow, ID 83843  
(208) 882-7506  
Fax (208) 882-3494

**Clearwater County**

105 115<sup>th</sup> Street  
Orofino, ID 83544  
(208) 476-7850  
Fax (208) 476-7494

**Idaho County**

903 West Main  
Grangeville, ID 83530  
(208) 983-2842  
Fax (208) 983-2845

**Lewis County**

132 N Hill Street  
P O Box 277  
Kamiah, ID 83536  
(208) 935-2124  
Fax (208) 935-0223

## PUBLIC SWIMMING POOL PERMIT APPLICATION (\$50 Fee)

Name of Pool \_\_\_\_\_ Business Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(P O Box / Street) (City) (State) (Zip)

Location (if different from mailing address) \_\_\_\_\_

Name of Owner \_\_\_\_\_ Home Phone # \_\_\_\_\_

Owner's Mailing Address \_\_\_\_\_

Name of Operator \_\_\_\_\_ Home Phone # \_\_\_\_\_

**\*Name(s) of Responsible Person(s) on Premises (if different than operator):**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Dates of Operation (please check one): Jan – Dec \_\_\_\_\_ Other (specify) \_\_\_\_\_

Owner/Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

***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".***

**- FOR OFFICE USE ONLY -**

***I hereby approve this application for permit.***

\_\_\_\_\_  
(Environmental Health Specialist) (Date)

Comments: \_\_\_\_\_

Permit # \_\_\_\_\_ Fee Amount Paid \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Check # \_\_\_\_\_ Date Paid \_\_\_\_\_



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