SANITATION BRANCH
99-945 HALAWA VALLEY STREET
AIEA, HAWAII 96701
TELEPHONE NUMBER: (808) 586-8000 FAX: (808) 586-8040
www.hawaii.gov/doh

STATE OF HAWAII
DEPARTMENT OF HEALTH

APPLICATION FOR PUBLIC SWIMMING POOL PERMIT

(Please type or print in blue or black ink)

(OFFICIAL USE ONLY)
PERMIT NO.

EXPIRATION DATE

NAME OF FACILITY/COMPLEX
(Hotel, Condominium, Apartment, Townhouse, Recreation Center, School, Amusement Park, Etc.)

POOLS SHARING THE SAME DISINFECTION SYSTEM MAY BE LISTED UNDER ONE PERMIT. LIST POOLS

1) _____ 4) _____

2) _____ 5) _____

3) _____ 6) _____

POOL LOCATION ADDRESS

STREET:

CITY: ZIP CODE:

TAX MAP KEY			
ZONE	SECTION	PLAT	PARCEL

OWNER NAME (Corp., LLC, Partnership, AOAO, Sole Owner, Etc.)	**CONTACT PHONE #**	**OTHER PHONE #**

MAILING ADDRESS (If different from pool location address)

ATTN OR C/O:

STREET:

CITY: STATE: ZIP CODE:

E-MAIL ADDRESS: (Optional)

I UNDERSTAND THAT THE ISSUANCE OF THE PUBLIC SWIMMING POOL PERMIT IS CONTINGENT UPON COMPLIANCE WITH THE REQUIREMENTS OF HAWAII ADMINISTRATIVE RULES, TITLE 11, CHAPTER 10, "PUBLIC SWIMMING POOLS," AND AFTER ISSUANCE, THE PERMIT SHALL BE NON-TRANSFERABLE AND VALID FOR FIVE YEARS UNLESS SUSPENDED OR REVOKED FOR FAILURE TO COMPLY WITH THE PROVISIONS OF THIS CHAPTER.

DATE **SIGNATURE OF OWNER/AGENT**

PHONE # OF OWNER/AGENT **PRINT NAME** **TITLE**

FEE AMOUNT: $50.00 (NON-REFUNDABLE)

MAKE CHECK PAYABLE TO: STATE OF HAWAII (BANK ACCOUNT NAME AND ADDRESS MUST BE ON CHECK)

SUBMIT APPLICATION AND FEE TO: SANITATION BRANCH
99-945 HALAWA VALLEY STREET
AIEA, HI 96701

THERE WILL BE A SERVICE FEE OF $25.00 FOR ANY CHECK DISHONORED BY THE BANK.

SECTION BELOW FOR OFFICIAL DEPARTMENT OF HEALTH USE ONLY

Sandistrict	Last Regular Inspection Date	Inactive Date: _____ By: _____ SU: _____
		Reason:

POOL TYPE: (CIRCLE ONE) Fresh Water Salt Water

APPLICATION TYPE: (CIRCLE ONE) New Renewal Facility/Complex Name Change

Fee Paid	Date Paid	Method of Payment	Receipt No.	Received By

APPROVED BY:

DATE SIGNATURE OF AGENT/DEPT. OF HEALTH R.S. LIC. NO.

DATE PERMIT MAILED: _____ CHECKED: SU _____ DI _____