

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 RECIRCULATION SYSTEM MAY BE LISTED UNDER ONE PERMIT. LIST POOLS

1) _____ 4) _____
 2) _____ 5) _____
 3) _____ 6) _____

POOL LOCATION ADDRESS

STREET: _____

CITY: _____ ZIP CODE: _____

OWNER NAME (Corp., LLC, Partnership, AOA, Sole Owner, Etc.) _____

TAX MAP KEY			
ZONE	SECTION	PLAT	PARCEL

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 COMPLETED APPLICATION AND FEE TO: MAUI DISTRICT ENVIRONMENTAL HEALTH OFFICE
 54 HIGH STREET, ROOM 300
 WAILUKU, HAWAII 96793

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 _____	