# APPLICATION FOR PUBLIC SWIMMING POOL PERMIT

(Please type or print in blue or black ink)

<table>
<thead>
<tr>
<th>POOL LOCATION ADDRESS</th>
<th>TAX MAP KEY</th>
</tr>
</thead>
<tbody>
<tr>
<td>STREET:</td>
<td>ZONE</td>
</tr>
<tr>
<td>CITY:</td>
<td>SECTION</td>
</tr>
<tr>
<td>ZIP CODE:</td>
<td>PLAT</td>
</tr>
<tr>
<td>OWNER NAME (Corp., LLC, Partnership, AOAO, Sole Owner, Etc.)</td>
<td>PARCEL</td>
</tr>
<tr>
<td>CONTACT PHONE #</td>
<td></td>
</tr>
<tr>
<td>OTHER PHONE #</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Sandistrict</th>
<th>Last Regular Inspection Date</th>
<th>Inactive Date:</th>
<th>By:</th>
<th>SU:</th>
<th>Reason:</th>
</tr>
</thead>
<tbody>
<tr>
<td>POOL TYPE:</td>
<td>(CIRCLE ONE) Fresh Water Salt Water</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>APPLICATION TYPE:</td>
<td>(CIRCLE ONE) New Renewal Facility/Complex Name Change</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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  

SAN APP POOL 06/16