APPLICATION FOR PUBLIC SWIMMING POOL PERMIT
(Please type or print in blue or black ink)

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                                                                 TAX MAP KEY
STREET:                                                                 ZIP CODE:  ZONE  SECTION  PLAT  PARCEL
CITY:                                                                 OWNER NAME (Corp., LLC, Partnership, AOAO, Sole Owner, Etc.)

MAILING ADDRESS (If different from pool location address)  CONTACT PHONE #  OTHER PHONE #
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: ENVIRONMENTAL HEALTH FACILITY
1582 KAMEHAMEHA AVENUE
HILO, HI 96720

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

SAN APP POOL HILO 11/07