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) 
2) 
3) 
4) 
5) 
6) 

POOL LOCATION ADDRESS
STREET: ZONE
CITY:
STATE:
ZIP CODE:

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
(SANITATION BRANCH
3040 UMI STREET
LIHUE, HI 96766)

SUBMIT COMPLETED APPLICATION AND FEE TO:

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 KAUA'I 11/07