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 DISINFECTION SYSTEM MAY BE LISTED UNDER ONE PERMIT. LIST POOLS
1) 
2) 
3) 
4) 
5) 
6) 

POOL LOCATION ADDRESS
STREET: 
CITY: 
STATE: 
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
79-1015 HAUKAPIALA STREET
KEALAKEKUA, HI 96750

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>
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<tr>
<th>Sandistrict</th>
<th>Last Regular Inspection Date</th>
<th>Inactive Date:</th>
<th>By:</th>
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<tr>
<th>POOL TYPE:</th>
<th>(CIRCLE ONE)</th>
<th>Fresh Water</th>
<th>Salt Water</th>
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<tr>
<th>APPLICATION TYPE:</th>
<th>(CIRCLE ONE)</th>
<th>New</th>
<th>Renewal</th>
<th>Facility/Complex Name Change</th>
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<th>Fee Paid</th>
<th>Date Paid</th>
<th>Method of Payment</th>
<th>Receipt No.</th>
<th>Received By</th>
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APPROVED BY:

DATE 
SIGNATURE OF AGENT/DEPT. OF HEALTH

DATE PERMIT MAILED: 
CHECKED: | SU | DI |

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SAN APP POOL 10/09