

**ENVIRONMENTAL SERVICES
DEPARTMENT**

Darcy Kober, R.S., Director
602-506-6616



**WATER AND WASTE MANAGEMENT
DIVISION**

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NEW OWNER/NEW PERMIT APPLICATION FOR

(Please Note: Each body of water is required to have a separate operating permit)

FACILITY INFORMATION

1. **Facility Name:** _____
2. **Pool Address:** _____ **City:** _____ **Zip:** _____
3. **Facility Contact Name:** _____ **Phone #:** _____
4. **Email Address:** _____

NEW OWNER'S INFORMATION

5. **OWNERS Name:** _____ **Phone #:** _____
6. **Address:** _____ **FAX:** _____
7. **City:** _____ **State:** _____ **Zip:** _____
8. **Email Address:** _____
9. **Owner Signature: (Please type)** _____

BILLING INFORMATION

10. **CONTACT Name:** _____ **Phone #:** _____
11. **Management Company/Agent Name:** _____ **Phone #:** _____
12. **Address:** _____ **FAX:** _____
13. **City:** _____ **State:** _____ **Zip:** _____
14. **Email Address:** _____

Pursuant to A.R.S. § 41-1009, the Department may enter your establishment to conduct inspections. You have the right to receive a copy of the Department's inspection report at the time of the inspection, within thirty (30) days after the inspection, or as otherwise provided by federal law. By initialing below, I agree that the Department may send me a copy of its inspection report by e-mail to the following email address:

_____ or by facsimile transmission to the following fax number:

_____ (fax number).

_____ (initials). It is the responsibility of the permit holder to update the Department if there is a change in contact information.