



**COBB & DOUGLAS
PUBLIC HEALTH**

**APPLICATION FOR PERMIT TO MODIFY OR REPAIR
A PUBLIC SWIMMING POOL**

DHD NO: _____

Name of Swimming Pool/ Spa: _____

Facility Address: _____
Street No. and Name Suite # City Zip Code

Contractor's Name: _____ **Phone #:** _____

Contractor's Address: _____
Street No. and Name Suite # City Zip Code

Proposed Modifications

Briefly describe the proposed modifications below and attach supporting plans and specifications.

Pursuant to the Douglas Public Health Rules and Regulations for Swimming Pools, the undersigned hereby applies for a permit to modify or repair a public swimming pool as described above.

Applicant's signature: _____ Date: _____

A permit is hereby granted to modify or repair a public swimming pool as described above. The permit is NON-TRANSFERABLE from person to person and EXPIRES one year from the date of issue.

Issued by: _____ Issue Date: _____
Signature