

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

Date	Amount Paid \$	DHD#		
Receipt #	Invoice #		Cash MC Visa	
<b>Actual</b> Facility Address:	/ Spa:			
(911 location address)	Street # and Nan	ne	City Zip Code	
Contractor Company Nan	ne:			
		Contact Phone #:		
Contractor Address:	Street # and Name	Suite #	City State Zip Code	
Contractor E-mail Addres	s:			
Pool Volume:	Will this modifica	tion effect pool hydraulics? 🗌 \	es ☐ No ☐ Unsure	
Proposed Modif	fications – use additional pages	if needed and attach equipme	ent specifications as warranted	
	& Douglas Public Health Rules and epair a public swimming pool as de		ls, the undersigned hereby applies for	
Applicant Name:		Applicant Pl	none #:	
Applicant Signature:		Application Date:		
	nted to modify or repair a public swom person to person and <b>EXPIRES</b>			
Reviewer's Signature:		Date:	Permit Issued: 🗌 Yes 📗 No	
Reviewer's Comments ar		<del>-</del>		