



# APPLICATION FOR SWIMMING POOL/SPA

DOUGLAS COUNTY HEALTH DEPARTMENT  
SANITARY ENGINEERING SECTION  
DIVISION OF ENVIRONMENTAL HEALTH  
MIDTOWN CAMPUS, 1111 SO. 41<sup>ST</sup> ST., STE 130  
OMAHA, NEBRASKA 68105  
PH. 402-444-7485 / Fax 402-546-0852

Please Print or Type. Enclose Fee Seasonal \$316.00  Yearly \$477.00  Spa/Condo \$158.00

Owner or Corporation Name: \_\_\_\_\_

Corporation, List OFFICERS: \_\_\_\_\_

Pool or Spa Name: \_\_\_\_\_

Pool or Spa Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Certified Operator or Manager's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**I have read the Rules and Regulations relating to pools or spas, and will comply with these rules and regulations.**

Effective Date of Change \_\_\_\_\_

Signature of Owner/Operator: \_\_\_\_\_ Date: \_\_\_\_\_

FOR DEPARTMENT USE ONLY

New \_\_\_\_\_ Change \_\_\_\_\_ Spa \_\_\_\_\_ Pool \_\_\_\_\_ Class A \_\_\_\_\_ Class B \_\_\_\_\_ Class C \_\_\_\_\_ Class F \_\_\_\_\_

Fee Received \_\_\_\_\_ Date \_\_\_\_\_ Check/Money Order \_\_\_\_\_

Application Approved: \_\_\_\_\_ Signed \_\_\_\_\_

Permit # \_\_\_\_\_ Issued Date \_\_\_\_\_