

ENVIRONMENTAL SERVICES  
DEPARTMENT  
Steven Goode, R.E.H.S., M.A, Director  
1001 N. Central Avenue  
Phoenix, AZ 85004 - 1937



WATER AND WASTE MANAGEMENT  
DIVISION  
Kevin S. Chadwick, PE, Division Manager  
1001 N. Central Avenue, Suite 200  
Phoenix, AZ 85004 – 1937 Fax (602) 372-0788

## NEW OWNER/NEW PERMIT APPLICATION FOR A PUBLIC OR SEMI-PUBLIC SWIMMING POOL OR SPA

*(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

6. OWNERS Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
7. Address: \_\_\_\_\_ FAX #: \_\_\_\_\_
8. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
9. Email Address: \_\_\_\_\_
10. Owner Signature: \_\_\_\_\_

### BILLING INFORMATION

12. CONTACT Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
13. Management Company/Agent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
14. Address: \_\_\_\_\_ FAX #: \_\_\_\_\_
15. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
16. 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.

*Fax application to 602-506-1837 or email to [Poolinspection@mail.maricopa.gov](mailto:Poolinspection@mail.maricopa.gov)*