

**ENVIRONMENTAL SERVICES  
DEPARTMENT**

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**WATER AND WASTE MANAGEMENT  
DIVISION**

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**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*