

**ENVIRONMENTAL SERVICES
DEPARTMENT**

Andrew Linton, CPM, R.S., Interim Director
1001 N. Central Avenue
Phoenix, AZ 85004 - 1937



**WATER AND WASTE MANAGEMENT
DIVISION**

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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