



## HEALTH PERMIT APPLICATION – AQUATIC HEALTH PROGRAM

OWNERSHIP INFORMATION (PERMIT HOLDER)			
OWNER OF BUSINESS: <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> SOLE PROPRIETOR			
OWNER ADDRESS:			
STREET	CITY	STATE	ZIP CODE
OWNER CONTACT INFORMATION:			
PHONE NUMBER		EMAIL ADDRESS	

BUSINESS INFORMATION (DBA)			
BUSINESS NAME: (DBA)			
BUSINESS ADDRESS:			
STREET	CITY	STATE	ZIP CODE
BUSINESS CONTACT INFORMATION:			
PHONE NUMBER		EMAIL ADDRESS	

\_\_\_\_\_

OWNER'S SIGNATURE

\_\_\_\_\_

DATE

\_\_\_\_\_

OWNER'S NAME PRINT

PLEASE CALL TO MAKE AN APPOINTMENT TO SUBMIT PLANS FOR REVIEW. **(702) 759-0571**  
 PLAN REVIEW AND HEALTH PERMIT FEES MUST BE PAID AT THE TIME OF THE APPOINTMENT.  
**PLAN REVIEW AND HEALTH PERMIT FEES ARE NOT REFUNDABLE. NO EXCEPTIONS.**  
 FEES ARE DETERMINED AFTER YOUR PLAN REVIEW MEETING.  
**FORMS OF PAYMENT: CASH, VISA MASTERCARD, BUSINESS CHECK, OR MONEY ORDERS.**

FEE SCHEDULE CAN BE LOCATED AT:  
<http://www.southernnevadahealthdistrict.org/download/eh/eh-fee-schedule.pdf>



GENERAL PERMITTING INFORMATION		
PROJECTED DATE OF OPENING:		HOURS OF OPERATION:
WATER SUPPLY: <input type="checkbox"/> WELL <input type="checkbox"/> MUNICIPAL		SEPTIC TANK: <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER OF EMPLOYEES:		NUMBER OF RESTROOMS:
INFORMATION REGARDING BODY OF WATER		
TYPE OF APPLICATION: <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> CHANGE OF OWNER		
BODY OF WATER TYPE		
<input type="checkbox"/> SWIMMING POOL	<input type="checkbox"/> SPA	<input type="checkbox"/> WADING POOL
<input type="checkbox"/> WAVE POOL	<input type="checkbox"/> WATER SLIDE	<input type="checkbox"/> ACTIVITY POOL
<input type="checkbox"/> CHILD AMUSEMENT LAGOON	<input type="checkbox"/> WATERCOURSE RIDE	<input type="checkbox"/> OTHER TYPE:
<input type="checkbox"/> SPECIAL PURPOSE POOL TYPE:	<input type="checkbox"/> WATER RECREATION ATTRACTION TYPE:	NOTES:
BODY OF WATER SQUARE FOOTAGE		
<input type="checkbox"/> LESS THAN 1000 SQ FT	<input type="checkbox"/> 1000 - 2999 SQ FT	<input type="checkbox"/> 3000 – 4999 SQ FT
<input type="checkbox"/> 5000 – 9999 SQ FT	<input type="checkbox"/> ≥ 10,000 SQ FT	
LIFEGUARD REQUIREMENTS		
MINIMUM REQUIRED:	CHAIRS:	STATIONS:

**THIS IS AN APPLICATION FOR A HEALTH PERMIT ONLY. THERE ARE ADDITIONAL REQUIREMENTS TO SUBMIT PLANS TO THE HEALTH DISTRICT FOR A PLAN REVIEW. PLEASE SEE SUBMISSION INSTRUCTIONS FOR DETAILS.**

OFFICE USE ONLY			
<input type="checkbox"/> AFTER THE FACT	<input type="checkbox"/> REVISED PLANS	<input type="checkbox"/> PRELIMINARY PLANS	<input type="checkbox"/> BUILDING MEMO
NOTES:			