



Southern Nevada Health District, 280 S Decatur Blvd., Las Vegas, NV 89107, (702) 759-0572

## APPLICATION FOR TEMPORARY/SEASONAL AQUATIC VENUE HEALTH PERMIT

**An office Plan Review Meeting, followed by a field inspection is required for ALL applicants.  
ALL applicants must make an appointment for plan review, (702) 759-0572.**

**Failure to provide the minimum documentation upon arrival for an appointment constitutes a  
“missed appointment” and an additional fee of \$239 will be charged.**

Temporary Permit	Permit Fee
Plan Review Office Visit	\$196.00
Plan Review Fee per Location	\$239.00

\*Permit Fee is Per Location/Aquatic Venue

**Type or print clearly - Incomplete applications shall be denied.  
Cash, Visa/Mastercard or Business checks payable to:  
Southern Nevada Health District (SNHD)  
PERSONAL CHECKS NOT ACCEPTED**

<b>I. Business</b>	
Name of Business/Event:	
<b>II. Owner Information</b>	
Owner Name:	
Owner Address:	
Owner Phone # & Email Address:	
Number of Locations:	
Number of Bodies of Water:	
<b>III. Qualified Operator Information</b>	
Operator Name:	Operator Certification Type:
Certification Expiration Date:	
Operator Phone #:	
Operator Certification #:	

IV. List Each Location Address, Dates and Additional Information		
<b>Location 1 Address:</b>		
Dates of Operation: ( <b># of Months =</b> )	Beginning Date:	Ending Date:
Hours of Operation:	Lighting Plan Provided:	
Aquatic Venue Surface Area:	Aquatic Venue Volume:	
<b>Location 2 Address:</b>		
Dates of Operation: ( <b># of Months =</b> )	Beginning Date:	Ending Date:
Hours of Operation:	Lighting Plan Provided:	
Aquatic Venue Surface Area:	Aquatic Venue Volume:	
<b>Location 3 Address:</b>		
Dates of Operation: ( <b># of Months =</b> )	Beginning Date:	Ending Date:
Hours of Operation:	Lighting Plan Provided:	
Aquatic Venue Surface Area:	Aquatic Venue Volume:	
<b>Location 4 Address:</b>		
Dates of Operation: ( <b># of Months =</b> )	Beginning Date:	Ending Date:
Hours of Operation:	Lighting Plan Provided:	
Aquatic Venue Surface Area:	Aquatic Venue Volume:	
<b>Location 5 Address:</b>		
Dates of Operation: ( <b># of Months =</b> )	Beginning Date:	Ending Date:
Hours of Operation:	Lighting Plan Provided:	
Aquatic Venue Surface Area:	Aquatic Venue Volume:	

**Please be aware that additional information, such as equipment specifications, construction materials, security and lifeguarding plans, barrier information, water source, etc., will be required from the applicant and must be approved prior to construction of any temporary aquatic venue.**

**Application Completed by:** \_\_\_\_\_  
**Please Print**

**Application Completed by:** \_\_\_\_\_  
**Signature**

**The operator is responsible for meeting all requirements as set forth in the applicable sections of Nevada Administrative Code Ch. 444 Governing Public Bathing Places and Public Spas.**

\_\_\_\_\_  
**Initials**