



TOOELE COUNTY HEALTH DEPARTMENT  
 151 NORTH MAIN STREET  
 TOOELE UTAH 84074  
 (435) 277-2440

**REQUEST FOR POOL/HOT TUB PERMIT**

APPLICATION MUST BE COMPLETELY FILLED OUT AND SIGNED.  
 APPLICANT MUST ATTACH A COPY OF CERTIFIED POOL  
 OPERATIONS CERTIFICATE.

FACILITY NAME \_\_\_\_\_  
 OWNER/MANAGER \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_  
 PHONE NUMBER \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_  
 POOL/HOT TUB LOCATION \_\_\_\_\_  
 CERTIFIED POOL OPERATOR \_\_\_\_\_  
 CPO# \_\_\_\_\_ DATE ISSUED \_\_\_\_\_ DATE EXPIRED \_\_\_\_\_  
 TYPE: POOL \_\_\_\_\_ Quantity \_\_\_\_\_  
       HOT TUB \_\_\_\_\_ QUANTITY \_\_\_\_\_

Applicant agrees that maintenance of a health permit is predicated on compliance with the Tooele County Health Department Swimming Pool Regulations. This permit is revocable for noncompliance.

\_\_\_\_\_  
 Applicant's Signature

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**OFFICE USE ONLY**

Receipt # \_\_\_\_\_ Permit # \_\_\_\_\_  
 Sampling Fee Paid \_\_\_\_\_ Permit Fee Paid \_\_\_\_\_  
 Date Paid \_\_\_\_\_