

SWIMMING POOL, SPA POOL, WADING POOL OR FOUNTAIN LICENSE APPLICATION

Environmental Health Department
Phone: 503.655.8384 - Fax: 503.742.5352

Facility # _____ Email address: _____

Facility:

Name: _____ Telephone number: _____

Mailing address: _____

Location if other than above: _____

Owner:

Name: _____ Telephone number: _____

Mailing address: _____

Management Company:

Name: _____ Telephone number: _____

Mailing address: _____

On site manager:

Name: _____ Telephone number: _____

Mailing address: _____

Has name of facility been changed within past year? YES NO

If yes, state prior name _____

PLEASE CHECK AND COMPLETE THE FOLLOWING AS APPLICABLE:

- 1. The operation is: Year around Seasonal
- 2. Application is for a: Swimming Pool Spa Pool Wading Pool Fountain
- 3. Pool is operating in conjunction with: Motel Apartment House
 (Check all that apply) Mobile Home Park School
 Camp Athletic/Health Club
 Homeowner Association Other:
 (Five or more living units) Specify _____

LICENSE FEE OF \$ _____ MUST ACCOMPANY THIS APPLICATION.

**MAKE ALL CHECKS PAYABLE, AND MAIL TO: CLACKAMAS COUNTY COMMUNITY HEALTH DIVISION
2051 KAEN ROAD, SUITE 367 – OREGON CITY OR 97045**

ALL LICENSES ISSUED ARE NON-TRANSFERABLE AND EXPIRE DECEMBER 31 OF THE YEAR OF ISSUE

This application is made as required by ORS 448 and is subject to compliance with these statutes and administrative rules there under.

Signature of applicant or authorized representative

Date of Application

DO NOT WRITE IN THIS SPACE

APPROVED BY: _____ DATE APPROVED: _____

REMARKS: _____