



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

5. OWNERS Name*: _____ Phone #: _____
6. Address: _____ FAX #: _____
7. City: _____ State: _____ Zip: _____
8. Email Address: _____
9. Owner Signature: _____
(Please type if electronic)

BILLING INFORMATION

10. CONTACT Name: _____ Phone #: _____
11. Management Company/Agent Name: _____ Phone #: _____
12. Address: _____ FAX #: _____
13. City: _____ State: _____ Zip: _____
14. Email Address: _____

Email to: ENVPoolinspection@maricopa.gov

* Owner listed should match what is listed on business license and tax id and should not be a management company.
Please provide Home/Condo Owners information if applicable.

Esd.maricopa.gov