



APPLICATION FOR SWIMMING POOL/SPA

DOUGLAS COUNTY HEALTH DEPARTMENT
SANITARY ENGINEERING SECTION
DIVISION OF ENVIRONMENTAL HEALTH
MIDTOWN CAMPUS, 1111 SO. 41ST ST., STE 130
OMAHA, NEBRASKA 68105
402-444-7485

Please Print or Type. Enclose Fee Seasonal \$307.00 [] Yearly \$464.00 [] Spa/Condo \$154.00 []

Owner or Corporation Name: _____

Corporation, List OFFICERS: _____

Pool or Spa Name: _____

Pool or Spa Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Certified Operator or Manager's Name: _____ Phone: _____

I have read the Rules and Regulations relating to pools or spas, and will comply with these rules and regulations.

Effective Date of Change _____

Signature of Owner/Operator: _____ Date: _____

FOR DEPARTMENT USE ONLY

New _____ Change _____ Spa _____ Pool _____ Class A _____ Class B _____ Class C _____

Fee Received _____ Date _____ Check/Money Order _____

Application Approved: _____ Signed _____

Permit # _____ Issued Date _____