

**Shasta County Department of Resource Management  
Environmental Health Division**

1855 Placer Street, Suite 201, Redding, CA 96001 Telephone (530) 225-5787, FAX (530) 225-5413  
[www.ehd.co.shasta.ca.us](http://www.ehd.co.shasta.ca.us)

**APPLICATION FOR PERMIT TO OPERATE A PUBLIC POOL/SPA**

Name of Establishment \_\_\_\_\_ Phone \_\_\_\_\_

Assessor's Parcel Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City of Anderson     City of Redding     City of Shasta Lake     Unincorporated area of Shasta County

Street Address \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

*As the owner of this establishment, I certify that should a permit be granted, I shall observe the statutes and regulations pertaining to the operation of this establishment as may be promulgated. I also agree that the representatives of the Environmental Health Division may make inspections and examine records during the hours when the business is open to the public. By signing this application I agree to defend, indemnify, and hold the county harmless from any claim, action, or proceeding brought to attack, set aside, void or annul the county's approval of this application.*

\_\_\_\_\_  
(Signature) \_\_\_\_\_ (Date)

**\_\_\_\_\_ If there has been no change in this operation since the previous application, (including ownership), please check here. It will then be unnecessary to complete the remainder of this form. If change has occurred, please describe and complete the remainder of this form. Describe change(s) \_\_\_\_\_**

Establishment Owner \_\_\_\_\_ Phone \_\_\_\_\_

Address of owner \_\_\_\_\_

Email \_\_\_\_\_

Manager or Operator (if not owner) \_\_\_\_\_ Phone \_\_\_\_\_

Address of Manager or Operator \_\_\_\_\_

Number of pool(s) \_\_\_\_\_ Number of spa(s) \_\_\_\_\_ Natural bathing place \_\_\_\_\_

Year Round \_\_\_\_\_ Seasonal \_\_\_\_\_ (less than 6 months) If seasonal, Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Water Supply: Public System \_\_\_\_\_ Name \_\_\_\_\_

Private System \_\_\_\_\_ Water Source: Well \_\_\_\_\_ Spring \_\_\_\_\_ Creek \_\_\_\_\_ Other (describe) \_\_\_\_\_

Number of Service Connections: \_\_\_\_\_ Do you serve an average daily number of 25 people 60 days per year? Yes \_\_\_\_\_ No \_\_\_\_\_

Sewage Disposal: Community Sewer \_\_\_\_\_ Septic Tank \_\_\_\_\_

Date Received \_\_\_\_\_ By \_\_\_\_\_

Amount \_\_\_\_\_

Renewal \_\_\_\_\_

New \_\_\_\_\_ Date \_\_\_\_\_

Owner change \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_