



County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

Department of Environmental Health
P.O. Box 7909
Riverside, CA 92513-7909

District #
PR#
PE#
SR#
EHS

OCR#

APPLICATION TO OPERATE A RECREATIONAL WATER FACILITY

Riverside County Code 4.52 and the California Health and Safety Code

THIS APPLICATION IS FOR: [] NEW OPERATION [] RE-OPENING A CLOSED FACILITY
[] ANNUAL RENEWAL [] CHANGE OF OWNERSHIP

Table with 4 columns: TYPE OF FACILITY, PER FACILITY FEE, # OF FACILITIES, TOTAL FEES. Rows include POOL(S), WADING POOL(S), WATER FEATURE(S), SPA(S), and POOL/SPA - (drained longer than 6 months - properly secured).

TOTAL DUE: \$

NAME OF OWNER: FACILITY NAME:

FACILITY LOCATION: CITY: STATE: ZIP:

PROPERTY MANAGEMENT:

BILLING ADDRESS: CITY: STATE: ZIP:

E-MAIL ADDRESS:

PREVIOUS NAME OF ESTABLISHMENT AT THIS LOCATION (IF ANY):

DATE YOU PLAN TO OPEN: DID YOU OPERATE THIS BUSINESS LAST YEAR?

WHEN DID YOU TAKE OVER AS A NEW OWNER?

Please submit payment WITH YOUR APPLICATION. Permit fees may be paid with cash, or a check or money order payable to Riverside County Department of Environmental Health.

CALIFORNIA HEALTH AND SAFETY CODE REQUIRES A PERMIT FOR ALL PUBLIC AND SEMI PUBLIC RECREATIONAL WATER FACILITIES WHICH MEANS ANY SWIMMING POOL, SPA, BATHHOUSE, SWIMMING AND BATHING PLACE AND ALL RELATED APPURTENANCES

AN ENVIRONMENTAL HEALTH PERMIT APPROVED BY A REPRESENTATIVE OF THIS DEPARTMENT IS REQUIRED BEFORE OPENING A NEW OR CLOSED RECREATIONAL WATER FACILITY. YOU ARE NOT AUTHORIZED TO OPERATE UNTIL ALL APPROVALS HAVE BEEN OBTAINED. IN THE EVENT THE ENVIRONMENTAL HEALTH PERMIT IS NOT APPLIED FOR OR NOT RENEWED WITHIN THIRTY (30) DAYS OF THE DATE OF OPENING THE RECREATIONAL WATER FACILITY OR THE EXPIRATION DATE OF THE PERMIT, A PENALTY FEE OF 20% WILL BE ADDED TO THE PRICE OF THE PERMIT. IF THE ENVIRONMENTAL HEALTH PERMIT IS NOT APPLIED FOR OR NOT RENEWED WITHIN SIXTY (60) DAYS OF THE DATE OF OPENING OR THE EXPIRATION DATE OF THE CURRENT PERMIT, A PENALTY FEE OF 100% WILL BE ADDED TO THE PRICE OF THE PERMIT. PERMITS ARE NOT REFUNDABLE OR TRANSFERABLE.

I HEREBY APPLY FOR A RECEIPT/PERMIT, WITH APPROPRIATE FEES ATTACHED, TO OPERATE THE ABOVE FACILITY OR FACILITIES.

DATE: OWNER/OPERATOR: SIGNATURE DRIVERS LICENSE# / EXP. DATE

BUSINESS TELEPHONE: HOME TELEPHONE:

For Our Office Locations Call Us at (888)722-4234 or Visit Our Website at www.rivcoeh.org