



COUNTY OF RIVERSIDE  
DEPARTMENT OF ENVIRONMENTAL HEALTH

(888)722-4234 • RIVCOEH.ORG

OCR# \_\_\_\_\_  
EHS \_\_\_\_\_  
District # \_\_\_\_\_

P.O. Box 7909  
Riverside, CA 92513-7909

PR# \_\_\_\_\_  
FP# \_\_\_\_\_  
FA# \_\_\_\_\_

**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

TYPE OF FACILITY	PER FACILITY FEE		# OF FACILITIES	TOTAL FEES	
POOL(S)	\$463.00	X	_____	=	\$_____
WADING POOL(S)	\$463.00	X	_____	=	\$_____
WATER FEATURE(S)	\$437.00	X	_____	=	\$_____
SPA(S)	\$463.00	X	_____	=	\$_____
POOL/SPA – (drained longer than 6 months – properly secured)	\$210.00	X	_____	=	\$_____

**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 PERMIT IS NOT APPLIED FOR OR IS NOT RENEWED BY THE OPENING OF THE RECREATIONAL WATER FACILITY OR EXPIRATION DATE OF THE PERMIT, A PENALTY FEE OF 20% WILL BE ADDED TO THE PRICE OF THE PERMIT. IF THE PERMIT IS NOT APPLIED FOR OR NOT RENEWED WITHIN THIRTY (30) 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 INCLUDED, TO OPERATE THE ABOVE RECREATIONAL WATER FACILITY IN THE COUNTY OF RIVERSIDE.

DATE: \_\_\_\_\_ OWNER/OPERATOR: \_\_\_\_\_  
SIGNATURE DRIVERS LICENSE# / EXP. DATE / DOB

BUSINESS TELEPHONE: \_\_\_\_\_ HOME TELEPHONE: \_\_\_\_\_