

Facility Name: _____

NOTE: Pool permit will not be issued without current licensure for either a LPO or CPO

Licensed Pool Operator (LPO) / Certified Pool Operator (CPO):

Name of person, not name of business: _____ LPO/CPO #: _____

Mailing Address: _____
Street City State Zip

Phone: _____ Cell: _____ Email Address: _____

If your LPO is part of a pool care business, list pool business information (if applicable):

Pool Business Name: _____

Mailing Address: _____
Street City State Zip

Contact Available During the Day:

Name: _____ Email Address: _____

Mailing Address: _____
Street City State Zip

Phone: _____ Fax: _____ Cell: _____

<u>Current Facility Types and Times Open</u>	<u>How Many</u>	<u>Current Facility Types and Times Open</u>	<u>How Many</u>
Swimming Pool: Seasonal _____ All Year _____	_____	Wading Pool: Seasonal _____ All Year _____	_____
Spa: Seasonal _____ All Year _____	_____	Other: Seasonal _____ All Year _____	_____

Any Pool Changes or Additions Anticipated in the Coming Year?

Yes No

If Yes, Describe Changes: **Plans Must be Submitted for Approval via Modifications Permit Application PRIOR to changes**

For credit card payment over the phone please email completed application to Richelle.Rames@jocogov.org . Then call (913) 715-6915 to make the credit card payment. We do not accept American Express. Please make your check payable to: JCDHE and return payment with the application to Johnson County Environmental Division, 11811 South Sunset Drive, Suite 2700, Olathe, Kansas 66061. If you require a TDD number please call 800-766-3777. *Payments returned without completed applications will delay permit processing time.

I certify that the information submitted is, to the best of my knowledge and belief, true, accurate and complete.

Signature of Owner or Agent

Printed Name of Owner or Agent

Date