



**BUTTE COUNTY DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF ENVIRONMENTAL HEALTH**

202 Mira Loma Drive  
Oroville, CA 95965  
(530) 552-3880  
FAX (530) 538-5339

**APPLICATION FOR LICENSE TO OPERATE A PUBLIC SWIMMING POOL**

**Facility Name** \_\_\_\_\_

**Pool Location** \_\_\_\_\_

**Billing Address** \_\_\_\_\_ **e-mail:** \_\_\_\_\_

**Owner's Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **e-mail:** \_\_\_\_\_

**Property Management's Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **e-mail:** \_\_\_\_\_

**Manager/Contact's Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Address** \_\_\_\_\_ **e-mail:** \_\_\_\_\_

**Hours Manager Available** \_\_\_\_\_ **Fax #** \_\_\_\_\_

**Number of Pools/Spas** \_\_\_\_\_ **Date pool(s) constructed** \_\_\_\_\_

**Pool Type:**  Pool  Spa  Wading Pool  Water Slide  Special Use Pool  Other \_\_\_\_\_

**Water Supply for Pool:**  Community  Private Well  Other \_\_\_\_\_

**Backwash Discharge:**  Sewer  Storm Drain  Dry Wells  Other \_\_\_\_\_

*I declare that to the best of my knowledge and belief, the above statements are correct and true.  
I hereby consent to all necessary inspections made pursuant to law and incidental to the  
issuance of this license and the operation of this public swimming pool.*

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**DEPARTMENT USE ONLY**

20\_\_\_\_ TOTAL FEE: \$ \_\_\_\_\_

Receipt # \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_

Posted By \_\_\_\_\_