



## NEW OWNER/NEW PERMIT APPLICATION FOR A PUBLIC OR SEMI-PUBLIC SWIMMING POOL OR SPA

(Please Note: Each body of water is required to have a separate operating permit.)

### FACILITY INFORMATION

1. Facility Name: \_\_\_\_\_
2. Pool Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Facility Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
4. Email Address: \_\_\_\_\_

### NEW OWNER'S INFORMATION

5. OWNERS Name\*: \_\_\_\_\_ Phone #: \_\_\_\_\_
6. Address: \_\_\_\_\_ FAX #: \_\_\_\_\_
7. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
8. Email Address: \_\_\_\_\_
9. Owner Signature: \_\_\_\_\_  
(Please type if electronic)

### BILLING INFORMATION

10. CONTACT Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
11. Management Company/Agent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
12. Address: \_\_\_\_\_ FAX #: \_\_\_\_\_
13. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
14. Email Address: \_\_\_\_\_

Email to: [ENVPoolinspection@maricopa.gov](mailto:ENVPoolinspection@maricopa.gov)

\* Owner listed should match what is listed on business license and tax id and should not be a management company.  
Please provide Home/Condo Owners information if applicable.

[Esd.maricopa.gov](http://Esd.maricopa.gov)