



Regulatory/Medical Health Services
 Environmental Health Division
 1241 E. Dyer Road, Suite 120, Santa Ana, CA 92705
 Telephone: (714) 433-6000
 Fax: (714) 433-6423
 ehpermits@ochca.com
 website: www.ochcahealthinfo.com/eh/water/pool

HEALTH PERMIT APPLICATION

RECREATIONAL HEALTH

This section is to be completed by the applicant, in full – Please print clearly – Do not detach copies – Health permits are NOT transferable and NOT refundable

TYPE	<input type="checkbox"/> New Facility (requires plan submittal) <input type="checkbox"/> Change of Ownership				
SITE	Name of Site			Hours of Operation _____ AM/PM to _____ AM/PM <input type="checkbox"/> 24 Hours	
	Pool Site Address (include street directions and suite number, if applicable)			City	Zip
OWNER	Type of Ownership (*attach Certificate of LP, LLP Registration, Articles of Incorporation or Organization) <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LP* <input type="checkbox"/> LLP* <input type="checkbox"/> Corporation* <input type="checkbox"/> LLC*			First Date of Operation	
	Business Owner			Owner Phone	
	Owner's Address (must be different than Business Address and cannot be a P.O. Box)			City	State Zip
	Driver's License Number(s) (if Sole Proprietorship or Partnership; attach copy of ID)			Owner E-Mail	
	Emergency Contact			Emergency Phone	
PROPERTY MANAGER	Property Manager / Billing Contact Name			Property Manager / Billing Phone	E-Mail
	Property Manager Address (include street directions and suite number, if applicable)			City	State Zip
TERMS	<p>I hereby make an application for a health permit to establish and/or operate the above business, use, or services in accordance with the laws, ordinances, and regulations that are now or may hereinafter be in force pertaining to the above business. I certify that I am the owner or authorized representative of this establishment and that all statements are true to the best of my knowledge. I hereby consent to all necessary inspections incident to the issuance of this permit and operation of the business.</p> <p>I shall notify the Orange County Environmental Health Division (OCEH) in writing if I transfer ownership, discontinue operation, or have an address change. Failure to do so may result in obligation to pay health services fees and additional penalties. I understand that any construction, alteration or repair, including, but not limited to, re-plaster, deck replacement, or fence replacement requires review and approval by OCEH or the applicable jurisdiction.</p> <p>The first annual health permit fee must be paid before a plan construction final approval can be granted by this department, or for a change of ownership, within 7 business days of the date of conditional approval. Payment of your health permit fee does not constitute final plan check approval of your project. Failure to submit the completed application and payment of the annual health permit will impede issuance of the permit or may result in additional fees pursuant to the current Orange County Board of Supervisors Environmental Health Fee Resolution. Permits are not transferable and not refundable. Payment may be made in person or by mail at 1241 E. Dyer Rd., Suite 120, Santa Ana, CA 92705, Monday – Friday, 8:00 a.m. – 4:30 p.m.</p>				
	Print Name			Title	
	Signature			Date	
	OFFICE USE ONLY				
FEE	Amount Owed (to be determined by Specialist on date of approval)			Payment Due By	
	PE Code	PE Description			Billing Status
SPECIALIST	Specialist Name			Conditional Approval to Operate Date	
	Program Identifier				
	FA	PR		SR	
SPECS	Minimum and Maximum Flow Rate		Occupant Load	Disinfectant	
	Main Drain		Pump	Filter	
	Year Pool Built		Gallons	Surface Area	
OFFICE	Prior OW	Prior AR	Date of Payment	Amount Received	HSO Receipt Number
	OW	AR	Anniversary Date	Application Verified By	

Welcome to Orange County! Our goal at Environmental Health is to partner with you in ensuring safe and sanitary pools for your pool users.

To apply for a Health Permit, submit the following documents:

- Completed “Health Permit Application – Recreational Health”
 - Please print or type your application.
 - All fields must be completed. Enter N/A if a field is not applicable to the business. If the information entered is the same for multiple fields, such as the Billing Mailing Address, reenter that information – do not use “same as above.”
 - Do not enter information in the section noted “OFFICE USE ONLY.”
- Copy of the supporting documentation of the “person” who is legally responsible for the operation of the recreational body of water
 - **Sole Proprietor** – a current driver’s license, state issued identification card, or Foreign Consulate Identification Card
 - **General Partnership** - a current driver’s license, state issued identification card, or Foreign Consulate Identification Card for each owner
 - **Limited Partnership (LP)** - Certificate of Limited Partnership
 - **Limited Liability Partnership (LLP)** - Limited Liability Partnership (LLP) Registration
 - **Corporation** - Articles of Incorporation, including a list of the officers’ names and titles
 - **Limited Liability Company (LLC)** - Articles of Organization

Prior to being issued a Health Permit, an inspection will be completed to determine that the proposed facility and its operation meets the requirements of applicable California laws and regulations.

Failure to submit a completed Health Permit Application, supporting ownership documents, and payment of the annual health permit fee within seven **(7)** business days of a conditional approval to operate may result in additional fees pursuant to the current Orange County Board of Supervisors Environmental Health Fee Resolution. Refer to the “Amount Owed” field and “Payment Due By” field once conditional approval to operate has been issued. The amount owed will be based on the date of conditional approval following a plan check final or based on the date of ownership change.

Acceptable forms of payment are cash, check, credit card, or money order. Make checks payable to the County of Orange, and place your Related ID number on the check. Health permit fees are nonrefundable. You may pay in person from 8:00 a.m. to 4:30 p.m. Monday through Friday (excluding County holidays) or mail your check to:

Orange County Environmental Health
1241 E. Dyer Road, Suite 120
Santa Ana, CA 92705

A permit, once issued, is nontransferable. A permit is only valid for the person, location, type of facility, or operation, and unless suspended or revoked for cause, for the time period indicated.

To learn more about the Pool Safety Program, please visit www.ochealthinfo.com/eh/water/pool.

If you have any questions, please contact the Environmental Health Division at (714) 433-6000.