



Bernalillo County

Planning & Development Services Health Protection

111 UNION SQUARE SE, SUITE 300
ALBUQUERQUE, NEW MEXICO 87102
(505) 314-0310 • FAX (505) 462-9735

SWIMMING POOL PERMIT APPLICATION

Official Use Only	Date Received	_____
	Check No.	_____
	Receipt No.	_____
	Permit No.	_____

Fill in applicable blanks and mail original and a check or money order for \$75.00 to Bernalillo County at 111 Union Square SE, Suite 300, Albuquerque, New Mexico 87102.

ESTABLISHMENT NAME	e-mail
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ESTABLISHMENT <u>SITE</u> ADDRESS, CITY, STATE, ZIP
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ESTABLISHMENT <u>MAILING</u> ADDRESS, CITY, STATE, ZIP (if different from above)

ESTABLISHMENT OWNER	PHONE	FAX
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CONTACT PERSON and TITLE	PHONE	FAX
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TYPE OF PERMIT	<input type="checkbox"/> New Pool Permit	<input type="checkbox"/> Renewal Pool Permit
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TYPE OF SWIMMING POOL Please categorize your pool by checking one of the following boxes:

Group 1 means a swimming pool, admission to which may be gained by the general public with or without the payment of a fee, such as community, municipal or commercial pools, and shall include all swimming pools operated and maintained in conjunction with or by clubs and community associations

Group 2 means a swimming pool on the premises of, or part of, a hotel, motel, trailer court, apartment house, camp or similar establishment where the primary business of the establishment is not the operation of swimming facilities and where admission to the use of the pool is included in the fee or consideration paid or given for the primary use of the premises.

POOL FACILITIES

Type of Pump _____ Volume of Pool (gallons) _____

Type of Filter _____ Type of Disinfection _____

Name of Operator _____

Certificate number and expiration _____

WATER SUPPLY (What is the source of your water?)

Municipal Water Supply
Account No. (if known): _____

Individual Well
Permit No. (if known): _____

Community Water Supply
Name (if known): _____

Public Water Supply System Well
Number/Name (if known): _____

PRINTED NAME AND TITLE OF AUTHORIZED AGENT

SIGNATURE OF AUTHORIZED AGENT

DATE
