



**DEPARTMENT OF PLANNING AND BUILDING SERVICES**

**Environmental Health Division**

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[www.co.lassen.ca.us](http://www.co.lassen.ca.us)

**Pool / Spa Facility Permit Application**

Business Name:

Street Address:

City:

State:

Zip:

Phone:

Email:

Business Owner:

Phone:

Cell Phone:

Email:

Business Operator (if different):

Phone:

Cell Phone:

Email:

Mail All Correspondence to (name):

Mailing Address:

City:

State:

Zip:

Days/Hours of Operation:

Water Supply:

Sewage Disposal:

Signature of Applicant:

Date:

**For Office Use Only - Do not write below this line**

Facility Permit #: