

This form must be completed for all new facilities and for any changes to facility information (PRINT IN BLOCK LETTERS)

Facility Name: (as it will appear on permit)		Phone: () _____ - _____
		Fax: () _____ - _____
Facility Site Address:	Postal Code: _____	E-mail:
	City: _____, BC	Web site:
Legal (Company or Strata) Name: (Proof of incorporation may be requested)		Owner Legal Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Strata Corporation
		<input type="checkbox"/> Corporation <input type="checkbox"/> Utility/Local Gov. <input type="checkbox"/> Other _____
Owner's Name:		Home Phone: () _____ - _____
Last Name	First Name	Mobile Phone: () _____ - _____
Operator's Name:		Home Phone: () _____ - _____
Last Name	First Name	Mobile Phone: () _____ - _____

Type of Change: (if change box is checked, updated info and Effective Date of change are required)

<p>a) <input type="checkbox"/> Facility Name change: Old Name Was: _____ Existing Facility # _____</p> <p>b) <input type="checkbox"/> Facility Address Change/ <input type="checkbox"/> Mailing Address Change</p> <p>c) <input type="checkbox"/> Change in Conditions on Permit</p> <p>d) <input type="checkbox"/> Owner Change – Invoice? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>e) <input type="checkbox"/> Operator Change</p> <p>f) <input type="checkbox"/> Facility Type/Size change (may impact on permit fee)</p> <p>g) <input type="checkbox"/> Facility closed (voluntarily) Date Effective _____ Is there a secondary permit connected to this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>h) <input type="checkbox"/> Other (specify) _____</p>
--	---

THE FOLLOWING MUST BE COMPLETED FOR OPERATING PERMIT FEE

<p>Billing Account (for INVOICE mailing) <input type="checkbox"/> same as facility OR:</p> <p>Account Owner (Billing Contact): _____</p> <p>E-mail: _____</p> <p>Address: _____</p> <p>City: _____ Prov/State: _____ Postal Code: _____</p> <p>Phone: () _____ - _____ Fax: () _____ - _____</p>	<p>Mailing Address: (for NON-BILLING mailing) <input type="checkbox"/> same as facility OR:</p> <p>Address: _____</p> <p>City: _____ Prov/State: _____ Postal Code: _____</p> <p>Phone: () _____ - _____ Fax: () _____ - _____</p> <p>Mail Permit Decal to: <input type="checkbox"/> Facility Address <input type="checkbox"/> Mailing Address <small>(Permit decals are mailed to Billing Account Address unless indicated differently above)</small></p>
---	--

REGULATED POOL INFORMATION

Size: _____ m² **Bather Load:** _____ **Pool Management Company:** _____

Other Requirements: Pool Datasheet Attached Pool Safety Plan Attached

Secondary Permit? Yes **IF YES, Facility # of Primary Site:** _____ (Secondary Permit only issued if under same roof and same owner)

Do you wish to have other facilities owned by you rolled up to one invoice? If so, please provide Facility #s here: _____

FOR SEASONAL PREMISES, CIRCLE WHICH MONTHS YOU ARE OPERATING (Include whole and partial months)
JAN FEB MAR APR MAY JUNE JULY AUG SEPT OCT NOV DEC

Date of Application: _____ **Applicant's Signature:** _____

THIS BOX **MUST** BE COMPLETED FOR ALL NEW APPLICATIONS **Applicant's Name (Print):** _____

Office Use Only

Is this a **NEW** Application or a **CHANGE** to facility information? **NEW:** **CHANGE:** **EFFECTIVE DATE:** ____/____/____ (MMM/DD/YY)

Facility Information:	Permitted Facility Type (check one)	Conditions on Permit:
HH Facility #: _____	<input type="checkbox"/> Pool <input type="checkbox"/> Attribute (define) _____ <input type="checkbox"/> Hot Tub <input type="checkbox"/> Attribute (define) _____ <input type="checkbox"/> Wading Pool <input type="checkbox"/> Attribute (define) _____ <input type="checkbox"/> Spray Pool - Recirculation <input type="checkbox"/> Spray Pool - Non-Recirculation <input type="checkbox"/> Attribute (define) _____	<input type="checkbox"/> _____
Work Area: _____		<input type="checkbox"/> _____
EHO/DWO: _____		<input type="checkbox"/> _____
Billing Account Information:		<input type="checkbox"/> _____
Account #: _____		<input type="checkbox"/> _____
Account Work Area: _____		<input type="checkbox"/> _____

Permit Fee Pro-Rating Calculations

Month Effective	Pool ≤ 19 m ²	Pool > 19 m ²	Secondary Permit
April	\$150.00	\$250.00	\$75.00
May	\$137.50	\$229.13	\$75.00
June	\$125.00	\$208.30	\$75.00
July	\$112.50	\$187.47	\$75.00
August	\$100.00	\$166.64	\$75.00
September	\$87.50	\$145.81	\$75.00
October	\$75.00	\$124.98	\$75.00
November	\$62.50	\$104.15	\$75.00
December	\$50.00	\$83.32	\$75.00
January	\$37.50	\$62.49	\$75.00
February	\$25.00	\$41.66	\$75.00
March	\$12.50	\$20.83	\$75.00

Provincial Policy for Permit Fees:

- For seasonal establishments, the fee is based on number of months (partial or full) that the operation is open for business. For example, a seasonal concession that opens on May 15th and closes on September 8th is charged for 5 months.
- A facility is eligible for a reduced fee secondary permit (multiple permit) if it is BOTH under the same roof as the primary facility AND it's operated by the same owner. The primary facility is always the facility with the highest permit fee (for example, \$250.00 for a large pool and \$75 for the smaller hot tub).
- The secondary permit fee is not pro-rated, nor refundable. For example, there is no refund or pro-rating for a permit for a seasonal concession that closes down in the winter if it is charged the \$75.00 flat fee. They have the option of being charged the higher annual fee as a primary facility and have it pro-rated.
- Requests for refunds must be made on the appropriate Refund Application form and signed off by the Environmental Health Officer before submission to be billing clerk.

FOR CREDIT CARD PAYMENTS PLEASE COMPLETELY FILL OUT THE SECTION BELOW

Credit Card Payment Method: VISA MASTERCARD AMERICAN EXPRESS

Card # _____ Expiry Date: _____ / _____
MM / YY

Permit Fee Amount: _____
(Amount to be charged on the credit card)

Name on Card: _____ Signature: _____