

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

**Owner Legal Type:**  Sole Proprietor     Partnership     Corporation     Other (define)

**Legal Name of Company/Partnership/Sole Proprietor :** (Provide a copy of certificate of incorporation) **Business Licence # (if available):**

**Facility Name:** (Trade Name/Doing Business As) **Phone:** (    ) \_\_\_\_\_  
**Fax:** (    ) \_\_\_\_\_

**Facility Site Address:** **Postal Code:** \_\_\_\_\_  
**City:** \_\_\_\_\_, BC **Website:**  
**E-mail:**

**Director / Owner's Name:** **Home Phone:** (    ) \_\_\_\_\_  
**Mobile Phone:** (    ) \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Operator's Name:** **Home Phone:** (    ) \_\_\_\_\_  
**Mobile Phone:** (    ) \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**THE FOLLOWING MUST BE COMPLETED FOR OPERATING PERMIT FEE**

**Billing Information (Please complete in full):** **Invoice Options (choose one):**  
 by Mail  
 by Email  
**Legal Name to appear on invoice:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Phone:** (    ) \_\_\_\_\_ **Fax:** (    ) \_\_\_\_\_  
**Email:** \_\_\_\_\_

*Permit decals are mailed to Billing Account Address*

**REGULATED POOL INFORMATION**

**Size:** \_\_\_\_\_ m<sup>2</sup>    **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, CHECK ✓ WHICH MONTHS YOU ARE OPERATING (Include whole and partial months)**  
JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  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)

**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: _____<br/>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/capacity change (may impact on permit fee)</p> <p>g) <input type="checkbox"/> Facility closed (voluntarily) <b>Effective Date</b> _____<br/>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> |
|---|---|

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

## Permit Fee Pro-Rating Calculations

Month Effective	Pool ≤ 19 m <sup>2</sup>	Pool > 19 m <sup>2</sup> seats	Secondary Permit
April	\$150.00	\$250.00	\$75.00
May	\$137.50	\$229.17	\$75.00
June	\$125.00	\$208.33	\$75.00
July	\$112.50	\$187.50	\$75.00
August	\$100.00	\$166.67	\$75.00
September	\$87.50	\$145.83	\$75.00
October	\$75.00	\$125.00	\$75.00
November	\$62.50	\$104.17	\$75.00
December	\$50.00	\$83.33	\$75.00
January	\$37.50	\$62.50	\$75.00
February	\$25.00	\$41.67	\$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 15<sup>th</sup> and closes on September 8<sup>th</sup> 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 full restaurant).
- 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

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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: \_\_\_\_\_