



**Bernalillo County**  
**OFFICE OF ENVIRONMENTAL HEALTH**  
 111 UNION SQUARE SE, SUITE 300  
 ALBUQUERQUE, NEW MEXICO 87102  
 (505) 314-0310 • FAX (505) 314-0470

**SWIMMING POOL  
 PERMIT APPLICATION**

|                          |               |       |
|--------------------------|---------------|-------|
| <b>Official Use Only</b> | 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**

**ESTABLISHMENT SITE ADDRESS, CITY, STATE, ZIP**

**ESTABLISHMENT MAILING ADDRESS, CITY, STATE, ZIP** *(if different from above)*

|                            |              |            |
|----------------------------|--------------|------------|
| <b>ESTABLISHMENT OWNER</b> | <b>PHONE</b> | <b>FAX</b> |
|----------------------------|--------------|------------|

|                                 |              |            |
|---------------------------------|--------------|------------|
| <b>CONTACT PERSON and TITLE</b> | <b>PHONE</b> | <b>FAX</b> |
|---------------------------------|--------------|------------|

**TYPE OF PERMIT**       New Pool Permit       Renewal Pool Permit

**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?)

|   |  |
|---|--|
| <input type="checkbox"/> Municipal Water Supply | <input type="checkbox"/> Individual Well                 |
| Account No. (if known): _____                   | Permit No. (if known): _____                             |
| <input type="checkbox"/> Community Water Supply | <input type="checkbox"/> Public Water Supply System Well |
| Name (if known): _____                          | Number/Name (if known): _____                            |

**PRINTED NAME AND TITLE OF AUTHORIZED AGENT**

**SIGNATURE OF AUTHORIZED AGENT**

**DATE**