

NEVADA STATE HEALTH DIVISION

Public Health and Clinical Services EHS

4150 Technology Way, Ste 101

Carson City, NV 89706

OFFICE USE ONLY

PERMIT NO. _____

DATE ISSUED: _____

EXPIRATION DATE: _____

**APPLICATION FOR PERMIT TO OPERATE / CONSTRUCT
A PUBLIC BATHING PLACE / PUBLIC SPA**

Annual Permit Fee: \$402.00 for bathing places / \$332.00 for public spas / Plan Review Fee: \$325.00 for bathing places / \$370.00 for public spas.

Permit Fee: _____ Date Paid: _____ Check No. _____ Receipt: _____

Plan Review Fee: _____ Date Paid: _____ Check No. _____ Receipt: _____

Remarks: _____

Signature: _____ Date: _____

Health Division Authority

Name of Bathing Place/Spa: _____

Location: _____ Type: _____

Owner: _____ Telephone: _____

Address: _____ Zip: _____

Applicant is (check one): Individual: _____ Corporation: _____ Partnership: _____

Name of Responsible agent if other than owner: _____

Address: _____ Zip: _____ Telephone: _____

Facility Information:

New: _____ Remodeled: _____ Conversion (new ownership?): _____

Duration of Operation: Annual: _____ Seasonal: _____ from: _____ to _____

Surface Area: _____ sq. ft.

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