

**WHEELING-OHIO COUNTY HEALTH DEPARTMENT**  
**RECREATIONAL WATER FACILITY PERMIT APPLICATION**  
**2011**

OWNER/AGENT \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_

OWNER'S PHONE # (    ) \_\_\_\_\_ FAX# \_\_\_\_\_

OWNER/AGENT SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NAME OF OPERATION \_\_\_\_\_

FORMERLY OPERATING AS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

LOCATION OF OPERATION \_\_\_\_\_

PHONE # (    ) \_\_\_\_\_ FAX# (    ) \_\_\_\_\_

**FEE: \$ 100.00**

**Name of Certified Pool Operator:** \_\_\_\_\_

**Certified Pool Operator Emergency Contact Phone Number:** \_\_\_\_\_

**PLEASE ENCLOSE FEE, PAYABLE TO THE WHEELING-OHIO COUNTY HEALTH DEPARTMENT, WITH COMPLETED APPLICATION AND RETURN TO:**  
**Wheeling-Ohio County Health Department**  
**1500 Chapline Street – Room 106**  
**Wheeling, WV 26003**

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**For Health Department Use Only**

**Permit Number** \_\_\_\_\_ **Date Issued** \_\_\_\_\_ **By** \_\_\_\_\_

**Amount Paid** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_