



WYANDOTTE COUNTY PUBLIC HEALTH DEPARTMENT



Environmental Health Services

SWIMMING POOL, WADING POOL & SPA PERMIT APPLICATION

Please fill out completely

DATE OF APPLICATION: _____ PERMIT NUMBER _____
(For office use only)

NAME of Establishment: _____

ADDRESS of Establishment: _____

CITY, STATE, AND ZIP : _____

NAME of Owner/Manager/Operator: _____

PHONE #/ Mailing Address: _____

NUMBER OF Swimming Pools: _____ Wading Pools: _____ Spas: _____

TOTAL FEES: \$ _____
(\$150.00 for first swimming pool, and \$100.00 for each additional wading pool and spa)

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO:

UNIFIED GOVERNMENT TREASURER

PLEASE SEND ALL CHECKS AND COMPLETED APPLICATIONS TO THE
ATTENTION OF:

***Environmental Health Services
Wyandotte County Public Health Department
619 Ann Ave.
Kansas City, Kansas 66101***

If you have any questions, please call 913-573-6705 or 573-6783

SIGNATURE OF APPLICANT: _____