



APPLICATION FOR SWIMMING FACILITY/BATHING BEACH WILL COUNTY HEALTH DEPARTMENT

WCHD-Main Office
501 Ella Ave
Joliet IL 60433
(815) 727-8490
Fax (815) 740-8147

WCHD-North Branch
323 Quadrangle Drive
Bolingbrook IL 60440
(630) 679-7030
Fax (630) 679-7031

WCHD-East Branch
5601 W Monee-Manhattan Rd Ste 109
Monee, IL 60449
(708) 534-5721
Fax (708) 534-3455

OWNER(S) INFORMATION:

Owner's Name / Corporation Name: _____
 Corporate Officer's Name & Title: _____
 Address: _____ Suite # _____ Alt. Address: _____
 City, State Zip: _____
 Phone #: _____ Alt. Phone #: _____
 Fax #: _____ Email _____
 Type of ownership (check one) : Sole _____ Partnership _____ Corporation _____ Owner in WCHD system already? Yes or No

SWIMMING FACILITY/BATHING BEACH LOCATION:

Facility Name: _____
 Address: _____ Suite # _____ Mailing Address: _____
 City, State Zip: _____
 Phone#: _____ Alt. Phone/Fax#: _____
 Facility Contact : _____ Title: _____
 Phone #: _____
 Certified Pool Operator: _____
 Illinois Department of Public Health License # _____

Hours of Operation (days and hours): _____

Send bill for permit fee to whom? Owner: _____ Facility: _____ Mailing Address: _____

Circle All Features at Facility:
 Indoor Pool / Outdoor Pool / Wading Pool / Spa / Slide / Spray Pad / Lazy River / Other: _____

Total Number of Features: _____

FEE SCHEDULE:

Swimming Facility With Only 1 Feature Inspection Annual Fee	\$250
*Additional Feature (s) Inspection Fee	\$75
Bathing Beach Inspection Annual Fee	\$200

***Where there is more than 1 feature at the same physical location (same address) and under the same ownership, an additional flat fee of \$75 shall be charged.**

All fees are non refundable. Make checks payable to Will County Health Department.
 Credit Card Payments can be made at www.govpaynow.com and use PLC7078 or call 888-604-7888 option #1

Signature of Applicant: _____ Date: _____

 FOR OFFICE USE ONLY

Annual Fee Paid _____ Date: _____ Check # _____ Invoice# _____ CC# _____
 RP# _____ OW# _____ FA# _____ PR# _____ PE# _____