



## PENNSYLVANIA PUBLIC BATHING PLACE REPLACEMENT PERMIT

### **Complete this form if you are:**

- Requesting transfer of facility ownership;
- Requesting replacement of a lost or damaged permit;
- Requesting a change of name/address for the facility or permittee.

In order to transfer or replace a Public Bathing Place Operating Permit, you must:

1. Complete page 2 for any unit(s) requiring a replacement permit (Sections A thru F);
2. Obtain a copy of your current electrical certificate for the bathing place unit(s); and
3. Forward the completed page 2 and a copy of the current electrical certificate to the environmental health specialist at the appropriate district for your county as listed below:

**Northwest District Office**  
19 McQuiston Drive  
Jackson Center, PA 16133

1-877-PA HEALTH  
724-662-6068 – Telephone  
724-662-6086 - FAX

Counties of: Allegheny, Armstrong, Beaver, Butler, Cambria, Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Indiana, Jefferson, Lawrence, McKean, Mercer, Somerset, Venango, Warren, Washington, Westmoreland

**Northcentral District Office**  
Water Tower Square  
1000 Commerce Park Drive, Suite 109  
Williamsport, PA 17701-5996

1-877-PA HEALTH  
570-327-3400 – Telephone  
570-327-3748 - FAX

Counties of: Bradford, Carbon, Centre, Clinton, Columbia, Lackawanna, Lehigh, Luzerne, Lycoming, Monroe, Montour, Northampton, Northumberland, Pike, Potter, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming

**Southeast District Office**  
442 Reading State Office Building  
625 Cherry St.  
Reading, PA 19602-1187

1-877-PA HEALTH  
610 378-4352 – Telephone  
610-378-4527 - FAX

Counties of: Adams, Bedford, Berks, Blair, Bucks, Chester, Cumberland, Dauphin, Delaware, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Montgomery, Perry, Philadelphia, Schuylkill, York

Forms can either be mailed or faxed to the appropriate District Office listed above. Upon receipt of this information, your file will be reviewed and if deemed acceptable, a new permit will be issued as soon as possible. Thank you for your interest in environmental health.

**Please check box that applies to your request:**

- Facility name/Address change     Transfer of ownership     Replace lost or damaged permit

A. Facility name \_\_\_\_\_

Facility address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Municipality \_\_\_\_\_ County \_\_\_\_\_

Facility phone \_\_\_\_\_ Facility fax \_\_\_\_\_

B. Permittee name \_\_\_\_\_

Permittee address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Permittee phone \_\_\_\_\_ Permittee fax \_\_\_\_\_

C. Permit should be sent to (check one)    Permittee \_\_\_\_\_ Facility \_\_\_\_\_

D. Indicate the type of unit(s) to be permitted. Please identify the unit(s); for example, “outdoor 25-meter pool,” “indoor spa,” “outdoor wading pool,” etc.

E. List any previous facility names or permit numbers, if available.

F. Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

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**FOR DEPARTMENT USE ONLY**

<b>Permittee Name</b>			
<b>Permit #</b>			
<b>Date issued</b>			