

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.

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. If pool is located in a County with a County Health Department, please include a copy of the most recent inspection or Certificate of Registration from the County Health Department
3. Obtain a copy of your current electrical certificate for the bathing place unit(s); and
4. Forward the completed page 2 and a copy of the current electrical certificate to the Environmental Health Specialist (EHS) at the appropriate district for your county as listed below:

<p>Southcentral District Offices</p> <p>30 Kline Plaza Harrisburg, PA 17104</p> <p>EHS: John LaRosa jolarosa@pa.gov</p> <p>1-877-PA-HEALTH P 717-787-8092 Direct 717-736-7380</p> <p>Counties of: Mifflin, Juniata, Perry, Cumberland, Dauphin, Lebanon</p>	<p>Northeast District Office</p> <p>100 Lackawanna Avenue, Room 316 Scranton, PA 18503</p> <p>EHS: John L. Smith johlsmi@pa.gov</p> <p>1-877-PA-HEALTH P 570-892-4080 Direct 570-309-3802</p> <p>Counties of: Carbon, Lackawanna, Lehigh, Monroe, Northampton, Pike, Susquehanna, Wayne, Wyoming</p>	<p>Southwest District Office</p> <p>233 West Otterman St. Greensburg, PA 15601</p> <p>EHS: Jonathan Cunkelman jcunkelman@pa.gov</p> <p>1-877-PA-HEALTH P 724-832-5315 Direct Ext. 205</p> <p>Counties of: Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Somerset, Washington, Westmoreland</p> <p><u>County HD</u> Allegheny Co.</p>
<p>York State Health Center 1750 N George Street York, PA 17404</p> <p>EHS: Hristo Hristov hristov@pa.gov</p> <p>1-877-PA-HEALTH P 717-578-8311 Direct 717-736-7373</p> <p>Counties of: Blair, Huntingdon, Bedford, Fulton, Franklin, Adams, York</p>	<p>Southeast District Office</p> <p>Reading State Office Bldg. 625 Cherry St., Rm. 401 Reading, PA 19602</p> <p>EHS: Angelo Sfarra asfarra@pa.gov</p> <p>1-877-PA-HEALTH P 610-378-4377 Direct 484-855-3489</p> <p>Counties of: Berks, Lancaster, Schuylkill</p> <p><u>County HDs</u> Delaware, Chester Montgomery Bucks Philadelphia</p>	<p>Northwest District Office</p> <p>19 McQuiston Drive Jackson Center, PA 16133</p> <p>EHS: Michelle Scroggins msscroggins@pa.gov</p> <p>1-877-PA-HEALTH P 724-662-6068 Direct 724-269-5937</p> <p>Counties of: Cameron, Clarion, Clearfield, Crawford, Elk, Forest, Jefferson, Lawrence, McKean, Mercer, Venango, Warren</p> <p><u>County HD</u> Erie County</p>
<p>Northcentral District Office</p> <p>Water Tower Sq., Suite 109 1000 Commerce Park Dr Williamsport, PA 17701</p> <p>EHS: John Charnego jcharnego@pa.gov</p> <p>1-877-PA-HEALTH P 570-327-3400 Direct 570-505-7733</p> <p>Counties of: Bradford, Centre, Clinton, Columbia, Lycoming, Montour, Northumberland Potter, Snyder, Sullivan, Tioga, Union</p> <p>Plus, Luzerne for NEDO</p>	<p><u>Environmental Health</u> <u>Program Manager/Supervisor –</u> <u>Statewide</u></p> <p>Richard Pugh ripugh@pa.gov Office 717-736-7393 Cell 717-503-3971</p>	<p>Forms can either be emailed to the appropriate Environmental Health Specialist or mailed to the appropriate District Office listed above.</p> <p>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.</p>

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 E-Mail _____

B. Permittee name _____

Permittee address _____

City _____ Zip _____

Permittee phone _____ Permittee E-Mail _____

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 _____

FOR DEPARTMENT USE ONLY

Permit #			
Date issued			