



Application for Public Facility

**Alaska Department of Environmental Conservation
Division of Environmental Health
Food Safety and Sanitation Program**



Permit ID: _____

Section A- General Information *(All applicants complete entire section – please print).*

Purpose (check one) New Information Change Extensive Remodel Change of owner/operator Reactivate

Owner/Business Information	Name of Entity or Owner Responsible for Establishment		AK Business License #	
	Business/Corporate Mailing Address	City	State	Zip
	Business/Corporate Phone	Email		
	Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party		Fax	
	Type of Entity <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other:			

Establishment Information	Establishment Name		Physical Location	Nearest Community	
	Establishment Mailing Address		City	State	Zip
	Establishment Phone		Fax	Contact Person	
	Establishment Physical Address		City	State	Zip

TYPE OF OPERATION *(Check all that apply.)*

BODY ART	POOLS AND SPAS
<input type="checkbox"/> Body Piercing <input type="checkbox"/> Tattooing	<input type="checkbox"/> Limited use Pool/Spa <input type="checkbox"/> Pool <input type="checkbox"/> Natural/Modified Hot Springs <input type="checkbox"/> Spa

Other: _____

SECTION B – NEW OR EXTENSIVELY REMODELED FACILITIES

a. Will your facility be new or extensively remodeled? Yes No
If you checked yes, please complete Section B and provide all required documentation.

b. **Plot Plan.** A plot plan of the entire premises showing the location of buildings, refuse storage site, well, or other water supply, waste disposal system, and fuel storage tanks. Have you attached a copy of the Plot Plan? Yes No

c. **Floor Plan.** Have you included a detailed to scale drawing of the floor plan including: Yes No

<input type="checkbox"/> Layout and purpose of each room	<input type="checkbox"/> Type and location of lighting
<input type="checkbox"/> Location of fixed equipment and plumbing features	<input type="checkbox"/> Type and location of ventilation, both building and local systems
<input type="checkbox"/> Material used to finish the floors, walls, and ceilings	<input type="checkbox"/> Size, construction, and design of fixed equipment
<input type="checkbox"/> Plumbing schematic showing each hot, cold, and wastewater line	
<input type="checkbox"/> Location of restrooms, including the number of toilets and handwash sinks.	

d. **Water Supply.** Have plans been submitted to the [Drinking Water Program](#) as required by 18 AAC 80?
 Yes No N/A (Municipal Water Supply) *Specify:* _____

e. **Wastewater Disposal System.** Have plans been submitted to the [Wastewater Program](#) as specified by 18 AAC 72?
 Yes No N/A (Municipal System) *Specify:* _____

f. **Solid Waste Disposal.** Please describe how you plan to dispose of your solid waste: _____

g. Food Service. Is food service provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you applied to the department for a permit as required by 18 AAC 31? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION C – ADDITIONAL INFORMATION

Body Art

a. Have you applied to the Department of Community and Economic Development for a license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Pools and Spas

a. Plumbing. Have you included a labeled drawing including:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Each sewer line <input type="checkbox"/> Hot and cold potable water line <input type="checkbox"/> Circulating system <input type="checkbox"/> Each drain line <input type="checkbox"/> Filtration system <input type="checkbox"/> Each nonpotable water line <input type="checkbox"/> Piping <input type="checkbox"/> Water volume of pool/spa including: flow rate, turnover, filtration rate, anticipated maximum and average user load, hydraulic computations (including head loss), and pump curves that demonstrate how the proposed circulation pump will adequately handle pool/spa water flows.		

b. Construction Materials. Have you included a labeled drawing including:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Construction materials <input type="checkbox"/> Dimensions and slopes <input type="checkbox"/> Finishes <input type="checkbox"/> Decks (including slopes)		

c. Water. Have you included the following documentation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Method of water disinfection <input type="checkbox"/> Dimensions and slopes <input type="checkbox"/> An analysis of water supply source, including: alkalinity, pH, iron, and manganese. This must be analyzed by a laboratory certified by the Drinking Water Department under 18 AAC 80.		

SECTION D

I declare, under penalty of unsworn falsification, that this application (including any accompanying statements) has been examined by me and to the best of my knowledge and belief is true, correct, and complete. I agree to pay all fees before operating.

Applicant's Signature	Date
Applicant's Printed Name	Title