

**CLINTON COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL UNIT**

**CHANGE OF PERMIT HOLDER**

THIS FORM DOES NOT APPLY TO CHILDREN'S CAMPS

**DIRECTIONS:** This form and a Permit Application must be accurate and complete. Only use this Form if the facility you are intending to have permitted was already a Clinton County Health Department permitted facility and you intend to make no changes to the following:

EXISTING STRUCTURE \_\_\_\_\_

EQUIPMENT \_\_\_\_\_

PLUMBING \_\_\_\_\_

WATER & SEWER INFRASTRUCTURE \_\_\_\_\_

LOT LAYOUT \_\_\_\_\_

Please initial each item  
to confirm no changes

FACILITY NAME (as stated on past permit): \_\_\_\_\_

PERMIT NUMBER: 09-\_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

OLD PERMIT HOLDER'S NAME: \_\_\_\_\_

OLD PERMIT HOLDER'S TELEPHONE NUMBER: \_\_\_\_\_

If the current permit has not expired, the current permit owner must return the current permit with a signed statement declaring the end of their operation.

All food service establishments must submit an intended menu including beverages. All private water sources Must identify their operator. All pools and temporary residences (hotels, motels) must submit and have an approved safety plan specific to their operation before a permit will be issued.

As a water operator, I, \_\_\_\_\_ have been given and understand my  
(print name and title)  
daily responsibilities, monitoring requirements and timely reporting of samples and operation reports.

NON-APPLICABLE BECAUSE MY WATER SUPPLY IS: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE / DATE

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**THIS SECTION IS TO BE COMPLETED BY CLINTON COUNTY HEALTH DEPARTMENT**

**IS THE MENU RECEIVED: Y / N / N/A**

**IS THE MENU COMPATIBLE WITH PHYSICAL SETTING: Y / N / N/A**

**IS SAFETY PLAN FOR FIRE AND / OR POOL APPROVED: Y / N / N/A**

**IS THE EDIT FORM COMPLETED AND FORWARDED: Y / N / N/A**

**IF NO, THEN A  
PERMIT  
CANNOT BE  
ISSUED**

**DISAPPROVED BECAUSE:** \_\_\_\_\_

**APPROVAL RECOMMENDED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DATA ENTRY CORRECTION BY:** EHIPS \_\_\_\_\_ SIDWIS \_\_\_\_\_ OTHER \_\_\_\_\_