CLINTON COUNTY HEALTH DEPARTMENT
Environmental Health & Safety Division
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

FACILITY NAME (as stated on past permit:______________________________)

PERMIT NUMBER:_______________ 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, campgrounds) must submit and have an approved safety plan specific to their operation before a permit will be issued.

THIS FORM DOES NOT APPLY TO CHILDREN’S CAMPS

As a water operator, I, __________________________________________ have been given (print name and title)

and understand my daily responsibilities, monitoring requirements and timely reporting of samples and operation reports.

________________________________________
signature

------------------------------------------------------------------------------------------------------------------------

Date Received:________________________ Date Approved:______________________

Approval Recommended By:____________________________________________________