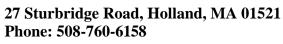
Town of Holland Board of Health





Date Received
Staff Initials Permit Valid for (1) or (2) Years

Application for Beach Testing Permit

	Date:						
	ease Print						
Dee	d Reference:		Plan Reference:				
Book# Page# Requestor Contact Name:			Pla	Plan # Page #			
Re	questor Contact Name:						
Pr	imary Contact Address (M	Tailing Address for Billing)					
Phone No.			E-mail Address for (Sample Results):				
Beach Name:			Beach Address/Location:				
	ach Permit Type: Paper	minated (\$30) 🔲 Lamina	ted v	with weather proof pos	ting pouch (\$70)		
Da	ites of Beach Testing:						
	om: to:						
		av hav to calcut your desired	com	nlo googon			
Sa.	imple Season (Check the gr	ey box to select your desired	Sam	pie season	E Coli testing		
	Wile of 6/10 Wile of 9/26	E. Coli testing		2 googen booch normit?	E. Coli testing		
	Wk of 6/10 – Wk of 8/26	(13-samples) (\$910)		2 season beach permit?	(23-samples) (\$1,820)		
	Wk of 6/17 – Wk of 8/26	(12 samples) (\$840)		2 season beach permit?	(12 samples) (\$1,680)		
	Wk of 6/24 – Wk of 8/26	(11 samples) (\$770)		2 season beach permit?	(11 samples) (\$1,520)		
	Wk of 7/1 - Wk of 8/26	(10 samples) (\$700)		2 season beach permit?	(10 samples) (\$1,400)		
	Wk of Wk of	(samples) (#x\$70)		2 season beach permit?	(samples) (#x\$140)		
		% discount and participate ilable: (YES) or (NO)	Pa	arking Available (if not	, where should sampler park):		
Signature of Applicant:				Date:			
		For BO)Н(Office Use:			
					_		
PERMIT APPROVED BY:				APPROVED:	DENIED:		
Signature:				PERMIT #			
Date:				EXPIRATION DATE	:		
If r	permit Denied, state reason:						