**STATE OF FLORIDA**
**DEPARTMENT OF HEALTH**
**APPLICATION FOR A SWIMMING POOL OPERATING PERMIT**

**Application Type:** (check box, see instructions on back)

- [ ] Initial Permit
- [ ] Modification
- [ ] Transfer, change of owner or name
- [ ] Renewal

**For Department Use Only**

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**Operating Permit #**

- [ ] 00 (Required)

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**Item 1:** The name and address of the facility/project. If the address does not yet exist please put the nearest crossroads to the facility or the address to the entrance of the community.

**Item 2:** This is the most important section of this document. Either the owner’s name or owner’s representative and their complete contact information must be provided. This information allows us to contact the applicant in case more information is required.

**Item 3:** Fill in the name of the jurisdictional building department and the contact information.

**Item 4:** Fill in the Engineer/Design Architect who stamped the plans and their contact information.

**Item 5:** Fill in the potable water source. i.e. municipal, approved well, etc.

**Item 6:** Please specify the type of lighting the facility would like to have approved. If indoor or night use is selected photometrics and certification will be required upon completion.

**Item 7:** Fill in the volume of water specified on the engineering plans.

**Item 8:** Fill in bather load based on flowrate for everything other than spas (spas bather load is determined based of square footage).

**Item 9:** Fill in the dimensions of the pool to match the approved plans.

**Item 10A:** Fill in the recirculation pump make & model number, the design flowrate of the system (not the max flowrate of the pump), the THD (typically 50’ or 60’), and the horsepower rating of

**Item 10B:** Fill in the filter brand & model number, the total square footage of the filter area, and the maximum flow capacity of the filter system.

**Item 10C:** Fill in the make and model of the chlorine/bromine feeder along with the maximum output per day it can provide.

**Item 10D:** Fill in the make and model of the pH feeder along with the maximum output per day it can provide.

**Item 10E:** Fill in the make and model number of the DPD type test kit.

**Item 11:** Fill out any additional installed equipment in this section.

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DH 4159, 9/2015, Rule 64E-9.001(3), F.A.C.