FLORIDA DEPARTMENT OF HEALTH

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ANNUAL RENEWAL OR REISSUANCE OF PUBLIC SWIMMING POOL/BATHING PLACE OPERATING PERMIT

This form is to be completed and submitted with plans and specifications in quadruplicate, along with the appropriate fee.

1. Name of Facility _____

   Location of Facility _____

2. Name of Owner _____ Phone Number (___) _____

   Mailing Address _____ City _____ State _____ Zip _____

3. Type of facility for which permit is requested: ☐ Conventional public pool ☐ Spa Pool
   ☐ Wading Pool ☐ Special Purpose Pool ☐ Water recreation Attraction
   ☐ Other _____

4. If it has been permitted in the past please provide: Permit Number _____ Date of Permit _____

5. Provide the Size of the Pool in Gallons _____ Gallons

6. Reason for this application: ☐ Annual renewal ☐ Reissuance due to:

   ☐ Name Change ☐ Ownership Change ☐ Other _____

List any other changes that should be entered on the permit _____

_____

_____

_____

_____

NOTE: Annual operating permits expire on June 30 each year. Please submit this application with the appropriate fee to the county health department by June 1 to allow time for evaluation and processing prior to the expiration date. Application for permit reissuance must be completed at the time of an event that requires changes in the permit. A fee for reissuance of permit is not authorized.

☐ Approved ☐ Disapproved

Signature of Health Official _____ Date 8/26/2003 _____

Print Name _____