



For Department Use Only	
Fee Received \$ _____	Date _____
Check# _____	From _____
_____	_____
_____	_____

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

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

Operating Permit # _____

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

This original form is to be completed and submitted with one copy, a set of construction plans & specs, a copy of the building department's final inspection along with the appropriate fee.

1. Name of Project /Facility _____ County _____

Address of Pool _____ City _____ Zip _____

2. Name of Owner _____ E-Mail _____ Phone (____) _____

Mailing Address _____ City _____ State _____ Zip _____

3. Building Department Name: _____ (____) _____
 _____ Contact Person _____ Phone Number _____

_____ P.O. Box or Street Address _____ City, State, Zip Code _____

_____ E-mail Address _____

4. Pool Water Source _____

5. Lighting (check one): No Night Swimming
 Outdoor: Three foot candles overhead and 1/2 watt per square foot of pool surface area underwater
 Indoor: Ten foot candles overhead and 8/10 watt per square foot of pool surface area underwater

6. Pool Volume in Gallons: Main Pool _____ Wading Pool _____ Spa Pool _____ Other _____

7. Pool Bathing Load: _____ Number of Dwelling Units _____

8. Pool Dimensions: Width: _____ Length: _____ Area: _____ Perimeter: _____ Depth: Max. _____ Min. _____ Shape: _____

9. Water Treatment Equipment Make and Model:

(A) Recirculation Pump: _____ Flow _____ GPM At _____ TDH _____ HP _____

(B) Filter: _____ Area _____ Sq. Ft. Flow Capacity _____

(C) Disinfection Equipment: _____ Capacity _____ (GPD) or (PPD)

(Secondary Disinfection if Applicable) _____

(D) pH Adjustment Feeder: _____ Capacity _____ (GPD)

(E) Test Kit: _____

10. Equipment Substitutions _____

CERTIFICATION OF OWNER

The undersigned owner, or owner's representative, hereby agrees to operate the pool described in this application in accordance with the requirements of Chapter 514 of the Florida Statutes (F.S.), and Chapter 64E-9 of the Florida Administrative Code, and maintain the original construction approved under the Florida Building Code by the jurisdictional building department. This agreement includes keeping a daily record of the information regarding pool operation on the monthly report form furnished by the department or on other forms approved by the department and when requested, submission of the completed form to the appropriate county health department.

Signed _____

Date _____

Name _____
(print or type)

Title _____
(print or type)

REMARKS: _____

Building Department Construction Approval Date _____ Approval Number _____

CERTIFICATION OF INSPECTION

I hereby certify that an inspection of this pool has been made and the foregoing information is correct to the best of my knowledge and belief. It is recommended the first annual operating permit be granted subject to the provisions of the Florida Administrative Code.

Signature DOH Engineer/Authorized Staff

Date

Print Name

[] Change data entered into EHD by _____ on _____

Instructions- Before submitting application to DOH:

For Initial Permit: Complete the entire application with owner certification. Include original and one copy of this completed form, a copy of construction plans & specs submitted to the building department (electronic copy in PDF, TIF or JPG format is acceptable), a copy of the building department final inspection approval, and the appropriate fee. The operating permit number will be entered by DOH staff.

For Modification: Complete items 1 - 3, enter existing operating permit number, note proposed or completed changes in the appropriate sections, and complete the owner certification on page 2. Include a copy of the construction plans & specs submitted to the building department (electronic copy is acceptable) and a copy of the building department's final inspection approval.

For Transfer: Complete items 1 and 2, enter existing operating permit number, then note changes in the page 2 owner remarks section, and complete the owner certification on page 2. There is no fee or building plans required for a transfer permit reissued due to change of ownership, name of facility, phone number, or mailing address.

For Renewal: Complete items 1 and 2, enter existing operating permit number, and complete the owner certification on page 2. There is an annual operating permit fee charged for renewal.