



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:
[ ] Wading Pool [ ] Special Purpose Pool [ ] Conventional public pool [ ] Spa Pool
[ ] Other [ ] Water recreation Attraction

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 \_\_\_\_\_

Print Name \_\_\_\_\_