APPLICATION FOR PUBLIC SWIMMING POOL OPERATION PERMIT

Pool Information:
Name of public swimming pool: _______________________________________________________
Street address of pool location: _______________________________________________________
City/State/Zip:  _______________________________________________________
Emergency Pool Side phone number: (______)_____________________
Type of public swimming pool: (check one)  
 Swimming pool   Spa   Wading pool
 Other (describe)____________________________
Water Supply Source:__________________  Wastewater Provider: _______________________
Date constructed or remodeled:   ☐ Before May 1, 1993   ☐ May 1, 1993 or later
Dates of operation:
   Seasonal (April 1-October 31)  ☐ Requires permitting and one (1) inspection
   Year Round (January 1 – December 31)  ☐ Requires permitting and two (2) inspections
Pool Hours of Operation: _________________am/pm to  _________________ am/pm

Operator (On-site Manager) Information:
Name of pool operator: ______________________________________________________________
Address:_____________________________________  City/State/Zip: ________________________
Office Phone: (______)____________________        Mobile Phone (______)____________________
Email Address: ____________________________________________________________________
Pool operator CPO Certificate #: ________________  (Attach Certificate)

Owner Information:
Name of owner: ___________________________________________________________________
Mailing address:________________________________  City/State/Zip:________________________
Contact person: ________________________________  Phone Number: (______)______________
Email Address: ____________________________________________________________________

Management Company Information:
Name: _____________________________________________________________________________
Address:_____________________________________  City/State/Zip:_______________________
Contact Person: ________________________________  Phone: (_______)____________________
Email Address: ____________________________________________________________________

Application Submitted by: Typed or printed Name:_______________________________________
Signature: ____________________________ Date: ______________ Phone: (_____)_____________

** COMPLETE REVERSE PAGE BEFORE SUBMITTING

“Healthy People, Safe Environment, Strong Community”