

OFFICE USE ONLY

State ID Number _____
Desig. EHS _____
Date Paid _____
Invoice Number _____

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: _____ **Sewage Disposal 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: Name (print): _____

Signature: _____ Date: _____ Phone: (_____) _____

**** SUBMIT POOL DRAIN SAFETY COMPLIANCE FORM WITH APPLICATION**