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| For Department Use Only: | |
| Amount Fee Received \$ | _____ Date _____ |
| Check No: _____ | From _____ |
| SP# . _____ | |
| MF# . _____ | |

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

This form is to be completed and submitted with three copies along with the appropriate fee.

1. Name of Project _____

Address of Pool _____ City _____ County _____

2. Name of Owner _____ Phone Number () _____

Mailing Address _____ City _____ State _____ Zip _____

3. Engineering plan approval date _____ Serial number _____

4. Number of Sanitary Facilities:

| | Water Closets | Urinals | Lavatories | Dressing Rooms | Distance From Pool: _____ |
|--------|---------------|---------|------------|----------------|---------------------------|
| Male | | | | | |
| Female | | | | | |

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 _____

7. Pool Bathing Load _____

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

9. 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

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

(E) Other: _____

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, and Chapter 64E-9 of the Florida Administrative Code. 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)

CERTIFICATE OF CONSTRUCTION AND INSTALLATION

I certify that to the best of my knowledge and belief the electrical equipment wiring and installation, including the grounding of pool components comply with the National Electrical code

Signature: Electrical Contractor or Electrical Inspector

Electrical Contractor's or Electrical Inspector's Address:

Typed Name

Date

P.O. Box or Street Number

Registration Number

City, State and Zip Code

I certify that to the best of my knowledge and belief the construction and equipment installation as indicated in this application has been completed and installed in conformance with the approved plans and specifications.

Signature: Certified or Registered Contractor

Pool Contractor's Address:

Typed Name

P.O. Box or Street Number

Date License Number

City, State Zip Code

(SEAL)

I certify that to the best of my knowledge and belief the construction and equipment installation as indicated in this application has been completed and installed in conformance with the approved plans and specifications.

Signature: Engineer registered under Florida Statutes Date

Engineer's Address:

Typed Name and Florida Registration Number

P.O. Box or Street Number

City State and Zip Code

REMARKS: _____

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 that an operating permit be granted subject to the provisions of the Florida Administrative Code.

DOH Engineer

Date

Print Engineer's Name