



<b>For Department Use Only</b>	
Amount Fee Received _____	Date _____
Check No. _____	From _____
SP# _____	
MF# _____	
County _____	

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR A PUBLIC BATHING PLACE  
OPERATING PERMIT/AUTHORIZATION**

This form is to be completed and submitted with plans and specifications in quadruplicate, along with the appropriate fee.

1. Name of Bathing Area \_\_\_\_\_

Location of Bathing Area \_\_\_\_\_

2. Name of Owner \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Has this bathing place ever been permitted? Yes \_\_\_ No \_\_\_

If it has been permitted in the past please provide: Permit Number \_\_\_\_\_ Date of Permit \_\_\_\_\_

4. What months of the year will this bathing place operate? \_\_\_\_\_

5. Type of Water Body: ( ) Lake Acreage \_\_\_\_\_ Max. Depth \_\_\_\_\_ Ave. Depth \_\_\_\_\_

( ) Spring: Estimated Hourly Flow \_\_\_\_\_

( ) River or Stream: Estimated Hourly Flow \_\_\_\_\_

( ) Other: \_\_\_\_\_

6. What are the dimensions of the bathing area? Width \_\_\_\_\_ Length \_\_\_\_\_ Area \_\_\_\_\_

7. Proposed Bathing Load \_\_\_\_\_

8. Number of Sanitary Facilities:	Male	Water Closets	Urinals	Lavatories	Showers	Distance From water: _____
	Female					

9. Number of Drinking Fountains: \_\_\_\_\_ Source of Drinking Water: ( ) Public System ( ) Approved Well

( ) Other: (explain) \_\_\_\_\_

10. Proposed Method for Disposal of Waste Water: ( ) Septic tank ( ) Sanitary Sewer

( ) Other: (explain) \_\_\_\_\_

11. Proposed Trash Removal Frequency: \_\_\_\_\_

12. What Lifesaving Equipment Will Be Provided? \_\_\_\_\_

13. Proposed Number of Lifeguards that will be provided: \_\_\_\_\_

14. Describe the composition and condition of the submerged bottom. (slope, depth, vegetation, muck, sand, obstacles, etc.)

\_\_\_\_\_  
\_\_\_\_\_

15. Describe The Beach Condition. (sand, rock, vegetation, piers, obstacles, etc.)

\_\_\_\_\_  
\_\_\_\_\_

16. Describe Any Conditions That Could Prove Dangerous To Bathers.

\_\_\_\_\_  
\_\_\_\_\_

17. Are The Bathing Rules Posted? ( ) Yes ( ) No (Provide A Copy Of The Bathing Place Rules.)

18. Provide The Dates And Results Of The Bacteriological Survey.

Week 1.(Mon. \_\_\_\_\_) (Tues. \_\_\_\_\_) (Wed. \_\_\_\_\_)  
Date Result Date Result Date Result

Week 2.(Mon. \_\_\_\_\_) (Tues. \_\_\_\_\_) (Wed. \_\_\_\_\_)  
Date Result Date Result Date Result

Week 3.(Mon. \_\_\_\_\_) (Tues. \_\_\_\_\_) (Wed. \_\_\_\_\_)  
Date Result Date Result Date Result

Result: Max. MPN \_\_\_\_\_ Geometric Mean \_\_\_\_\_

19. Attach A Sketch Showing The Sample Point Location.

\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION OF OWNER**

The undersigned owner, or owner's representative, hereby agrees to operate the bathing place 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.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_  
(print or type)

Title \_\_\_\_\_  
(print or type)

**CERTIFICATION OF ENGINEER**

(SEAL)

I certify to the best of my knowledge and belief that the information provided is accurate and any construction associated with this project has been completed and installed in conformance with the approved plans and specifications.

\_\_\_\_\_  
Signature: Engineer registered under Florida Statutes

Engineer's Address:

\_\_\_\_\_  
Typed Name and Florida Registration Number

\_\_\_\_\_

P.O. Box or Street Number

\_\_\_\_\_

City State and Zip Code

**CERTIFICATION OF INSPECTION**

I hereby certify that an inspection of this bathing area 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