



[ ] Initial Permit  
[ ] Equipment Change

|                                |      |
|--------------------------------|------|
| <b>For Department Use Only</b> |      |
| Amount Fee Received \$         | Date |
| Check No.                      | From |
| SP#                            |      |
| MF#                            |      |

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

This original form is to be completed and submitted with one copy, approved building department plans, along with the appropriate fee.

1. Name of Project \_\_\_\_\_ County \_\_\_\_\_

Address of Pool \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

2. Name of Owner \_\_\_\_\_ E-Mail \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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

3. Building Department Construction Approval Date \_\_\_\_\_ and Approval Number \_\_\_\_\_

Building Department Name: \_\_\_\_\_ ( ) \_\_\_\_\_  
Contact Person Phone Number

P.O. Box or Street Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

| 4. Number of Sanitary Facilities: | Male<br>Female | Water Closets | Urinals | Lavatories | Dressing Rooms | Distance From<br>Pool: _____ |
|-----------------------------------|----------------|---------------|---------|------------|----------------|------------------------------|
|                                   |                |               |         |            |                |                              |
|                                   |                |               |         |            |                |                              |

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 \_\_\_\_\_ Other \_\_\_\_\_

7. Pool Bathing Load: \_\_\_\_\_ Sizing: Transient [ ] Nontransient [ ] Number of Dwelling Units \_\_\_\_\_

8. Pool 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)

(Secondary Disinfection if Applicable) \_\_\_\_\_

(D) pH Adjustment Feeder: \_\_\_\_\_ Capacity \_\_\_\_\_ (GPD)

(E) Test Kit: \_\_\_\_\_

10. Equipment Substitutions from Approved Plans \_\_\_\_\_

|  |
|--|
|  |
|  |
|  |

### 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 (FS), 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 construction and equipment installation as indicated in this application has been completed and installed in conformance with Chapter 514, FS, Section 424.1, FBC, and 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

Phone Number E-Mail Address

(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 Chapter 514, FS, Section 424.1, FBC, and 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

Phone Number E-Mail Address

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 the first annual operating permit be granted subject to the provisions of the Florida Administrative Code.

Signature DOH Engineer/Authorized Staff

Date

Print Name