



- Initial Permit
- Equipment Change

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

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

4. Number of Sanitary Facilities:	E-mail Address _____	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 \_\_\_\_\_ 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 \_\_\_\_\_

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**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 \_\_\_\_\_