



**STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ANNUAL RENEWAL OR REISSUANCE OF PUBLIC
SWIMMING POOL/BATHING PLACE OPERATING PERMIT**

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

1. Name of Facility _____

Location of Facility _____

2. Name of Owner _____ Phone Number (____) _____

Mailing Address _____ City _____ State _____ Zip _____

3. Type of facility for which permit is requested: Conventional public pool Spa Pool
 Wading Pool Special Purpose Pool Water recreation Attraction
 Other _____

4. If it has been permitted in the past please provide: Permit Number _____ Date of Permit _____

5. Provide the Size of the Pool in Gallons _____ Gallons

6. Reason for this application: Annual renewal Reissuance due to:
 Name Change Ownership Change Other _____

List any other changes that should be entered on the permit _____

NOTE: Annual operating permits expire on June 30 each year. Please submit this application with the appropriate fee to the county health department by June 1 to allow time for evaluation and processing prior to the expiration date. Application for permit reissuance must be completed at the time of an event that requires changes in the permit. A fee for reissuance of permit is not authorized.

Approved Disapproved

Signature of Health Official _____ Date 7/24/2015 _____

Print Name _____