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 __________________________

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