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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 Collier
 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:

	Water Closets	Urinals	Lavatories	Dressing Rooms	Distance From Pool: _____
Male					
Female					

5. Lighting (check one): () No Night Swimming
 (X) 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)

(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 _____