



For Department Use Only	
Fee Received \$	Date
Check#	From

Application Type: (check box, see instructions on back)

- ☐ Initial Permit      ☐ Modification  
☐ Transfer, change of owner or name  
☐ Renewal

Operating Permit # \_\_\_\_\_

## 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, a set of construction plans & specs, a copy of the building department's final inspection along with the appropriate fee.

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

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

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

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

3. Building Department Name: \_\_\_\_\_ ( ) \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

P.O. Box or Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

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

4. Pool Water Source \_\_\_\_\_

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: \_\_\_\_\_ Number of Dwelling Units \_\_\_\_\_

8. Pool Dimensions: Width: \_\_\_\_\_ Length: \_\_\_\_\_ Area: \_\_\_\_\_ Perimeter: \_\_\_\_\_ Depth: Max. \_\_\_\_\_ Min. \_\_\_\_\_ Shape: \_\_\_\_\_

9. Water Treatment 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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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 (F.S.), and Chapter 64E-9 of the Florida Administrative Code, and maintain the original construction approved under the Florida Building Code by the jurisdictional building department. 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)

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Building Department Construction Approval Date \_\_\_\_\_ Approval Number \_\_\_\_\_

\_\_\_\_\_

### 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

[ ] Change data entered into EHD by \_\_\_\_\_ on \_\_\_\_\_

### Instructions- Before submitting application to DOH:

**For Initial Permit:** Complete the entire application with owner certification. Include original and one copy of this completed form, a copy of construction plans & specs submitted to the building department (electronic copy in PDF, TIF or JPG format is acceptable), a copy of the building department final inspection approval, and the appropriate fee. The operating permit number will be entered by DOH staff.

**For Modification:** Complete items 1 - 3, enter existing operating permit number, note proposed or completed changes in the appropriate sections, and complete the owner certification on page 2. Include a copy of the construction plans & specs submitted to the building department (electronic copy is acceptable) and a copy of the building department's final inspection approval.

**For Transfer:** Complete items 1 and 2, enter existing operating permit number, then note changes in the page 2 owner remarks section, and complete the owner certification on page 2. There is no fee or building plans required for a transfer permit reissued due to change of ownership, name of facility, phone number, or mailing address.

**For Renewal:** Complete items 1 and 2, enter existing operating permit number, and complete the owner certification on page 2. There is an annual operating permit fee charged for renewal.