

Check this box for new construction, permit renewals for permits that have lapsed > 1 year, & for pools built within another pool.

This box is only used for change in owner or name.

Check this box for renewal of a permit which has lapsed for < 1 year.

Item 3: Fill in the name of the jurisdictional building department and the contact information .

Item 5: Fill in the potable water source. i.e. municipal, approved well, etc.

Item 6: Please specify the type of lighting the facility would like to have approved. If indoor or night use is selected photometrics and certification will be required upon completion.

Item 9: Fill in the dimensions of the pool to match the approved plans..

Item 10A: Fill in the recirculation pump make & model number., the design flowrate of the system (not the max flowrate of the pump), the THD (typically 50' or 60'), and the horsepower rating of

Item 10C: Fill in the make and model of the chlorine/bromine feeder along with the maximum output per day it can provide.

Item 10D: Fill in the make and model of the pH feeder along with the maximum output per day it can provide.



Check this box for modification of equipment, deck, or pool shell changes that do not meet the original design.

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

Operating Permit numbers are assigned by the county upon initial application.

Item 1: The name and address of the facility/project. If the address does not yet exist please put the nearest cross-roads to the facility or the address to the entrance of the community.

Item 2: This is the most important section of this document. Either the owner's name or owner's representative and their complete contact information must be provided. This information allows us to contact the applicant in case more information is required.

Item 4: Fill in the Engineer/Design Architect who stamped the plans and their contact information.

Item 7: Fill in the volume of water specified on the engineering plans.

Item 8: Fill in bather load based on flowrate for everything other than spas (spas bather load is determined based of square footage).

Please indicate the number of living units served and whether the units serve transient or non-transient facilities.

Item 10B: Fill in the filter brand & model number, the total square footage of the filter area, and the maximum flow capacity of the filter system.

Item 10E: Fill in the make and model number of the DPD type test kit.

Application Type: (check box, see instructions on back)  
 Initial Permit     Modification  
 Transfer, change of owner or name  
 Renewal

### STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR A SWIMMING POOL OPERATING PERMIT

1. Project /Facility Name: \_\_\_\_\_ County: \_\_\_\_\_  
 Address of Pool: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 2. Owner Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 3. Building Dept. Name: \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_  
 4. Design Engineer/Architect Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 5. Pool Water Source (Name of Public Water System): \_\_\_\_\_  
 6. Lighting (check one): ( ) No Night Swimming  
 ( ) Outdoor: Three foot candles overhead and 1/2 watt per square foot of pool surface area under  
 ( ) Indoor: Ten foot candles overhead and 8/10 watt per square foot of pool surface area under  
 7. Pool Volume in Gallons: Main Pool \_\_\_\_\_ Spa Pool \_\_\_\_\_ Other \_\_\_\_\_  
 8. Pool Bathing Load: \_\_\_\_\_ Number & Type of Dwelling Units Served: \_\_\_\_\_  
 9. Pool Dimensions: Width: \_\_\_\_\_ Length: \_\_\_\_\_ Area: \_\_\_\_\_ Perimeter: \_\_\_\_\_ Depth: Max. \_\_\_\_\_ Min. \_\_\_\_\_  
 10. Water Treatment Equipment Manufacturer and Model: \_\_\_\_\_  
 (A) Recirculation Pump: \_\_\_\_\_ Flow \_\_\_\_\_ GPM At \_\_\_\_\_ TDH \_\_\_\_\_ HP \_\_\_\_\_  
 (B) Filter: \_\_\_\_\_ Area: \_\_\_\_\_ Sq. Ft. Flow Capacity \_\_\_\_\_ GPM \_\_\_\_\_  
 (C) Disinfection Equipment: \_\_\_\_\_ Capacity \_\_\_\_\_ (GPD) or (PPD) \_\_\_\_\_  
 (Secondary Disinfection If Applicable): \_\_\_\_\_ Fill in if UV, Ozone, Saline, or other supplemental equipment is provided.  
 (D) pH Adjustment Feeder: \_\_\_\_\_ Capacity \_\_\_\_\_ (GPD) \_\_\_\_\_  
 (E) Test Kit: \_\_\_\_\_

Item 11: Fill out any additional installed equipment in this section.