



PUBLIC/SEMI-PUBLIC SWIMMING POOL OPERATION PERMIT

PLEASE CHECK ONE: NEW RENEWAL CHANGE IN OWNER

DATE: _____ DATE YOU WISH TO OPEN POOL: _____

TYPE OF FACILITY: _____

FACILITY NAME: _____

LOCATION ADDRESS: _____
(STREET NUMBER & NAME) (CITY, STATE & ZIP CODE)

MANAGEMENT COMPANY: _____

ADDRESS (if different): _____
(STREET NUMBER & NAME) (CITY, STATE & ZIP CODE)

MANAGER: _____ PHONE NUMBER: _____

EMAIL ADDRESS: _____

DO YOU HAVE AN **INDOOR** POOL OR SPA? YES NO

TOTAL NUMBER OF POOLS/SPAS ON PROPERTY PER OUR RECORDS: _____

FEE SCHEDULE: \$200.00 per swimming pool/spa per year

APPLICANT'S SIGNATURE: _____

FOR OFFICE USE ONLY	
APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/>	FEE: _____ PERMIT NUMBER: _____
SIGNATURE: _____	DATE: _____
APPROVED: _____	DENIED: _____
CITY OFFICIAL SIGNATURE: _____	
COMMENTS: _____	