



**APPLICATION FOR A PERMIT TO OPERATE A SWIMMING, WADING, OR
SPECIAL PURPOSE POOL**

Fee: \$220.00

_____ Indoor year round _____ Swimming pool _____ Public
_____ Outdoor seasonal _____ Wading pool _____ Semi-public
_____ _____
_____ Special purpose _____

Facility name: _____ Telephone number: _____

Address: _____

E-mail address: _____

Owner's name: _____ Telephone number: _____

Address: _____

CPO's name: _____

Registration number: _____ Expiration date: _____

Dimensions:

Length: _____ Width: _____ Total surface area: _____

Swimming area (sq. ft. surface area over 5' deep): _____

Non swimming area (sq. ft. surface area under 5' deep): _____

Diving area: _____ Maximum pool capacity: _____

Min. depth: _____ Max. depth: _____ Volume: _____

Source of water: _____ Number of lifeguards required: _____

Pool chemical treatment system:

Chlorine type used:

_____ liquid _____ granular _____ solid _____ Bromine Other: _____

Chlorination equipment (make and model): _____

Feed rate capacity (lbs./24 hrs.): _____

Filters:

Make: _____ Date of installation: _____

Type:

_____ conventional sand & gravel _____ D.E. _____ high rate sand _____ cartridge

Filtration rate (gpm/sq.ft.): _____ Filter surface area (sq. ft.): _____

Pumps:

Make: _____ Date of installation: _____

Flow rate: _____ Turn over rate (hrs.): _____

Pool type:

Trim and finish material (pool walls and bottom):

Decking material: _____

Minimum width of deck: _____

Outlets (describe):

Skimmers: _____

Perimeter overflow trough: _____

Date

Signature of Owner

Operator/CPO