

APPLICATION FOR A PUBLIC SWIMMING POOL, OR SPA OPERATION PERMIT

SECTION A-FACILITY INFORMATION (See instruction sheet on back of this page)*

Facility Name: _____ Permit no. (if renewal) _____
Physical Address: _____ City: _____ Zip: _____
Mailing Address: _____ City: _____ Zip: _____
Phone Number (____) _____ Fax:(____) _____ Date Pool Constructed: _____
Type of Pool: [] Swimming Pool [] Wading Pool [] Spa

SECTION B-OWNER INFORMATION*

Owner's Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Title: _____
Phone Number :(____) _____ Fax: _____

Section C-OPERATOR INFORMATION (Pool Operator)

Name of Operator: _____ Title: _____
Company Name: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone Number: (____) _____ Fax: _____

Section D-OPERATION INFORMATION*

The following information must be provided about the **FACILITY** and **OPERATOR** listed above.

1. Submit a photocopy of training certificate.
2. What date will the pool begin operating this season? _____
3. What date will the pool close this season? _____
4. What will the hours of operation be? _____
5. Where should future correspondence be mailed? : [] FACILITY [] OWNER [] OPERATOR

Failure to submit a COMPLETE APPLICATION FORM or to follow the instructions on the back of this form will prevent our issuing a permit for operation.

SECTION E- PERMIT FEES

Annual Permit Fees (valid April 1- March 31) \$100.00 + \$50.00 for each additional unit at same address

Seasonal Permit Fees (opening date-October 31) \$100.00 + \$50.00 for each additional unit at same address

SECTION F – CERTIFICATION

I certify that I am the owner or agent for the owner of the property described above and that the information contained in this application is both accurate and complete. I understand that any permit issued based on information provided in this application may be revoked if it is later determined this information is incorrect.

Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____

| |
|---|
| OFFICE USE ONLY: Amount Paid \$ _____ () Cash () Charge () Check # _____ |
| Received by: _____ Date: _____ |

Purpose

This form is required for new swimming pool permits and for renewal of permits. You should complete a separate form for each swimming pool, wading, pool or spa you own or operated.

Instructions

- **Section A:** Enter the name of the facility; the physical and mailing address, city, zip code and construction date.
- **Section B:** Enter the name of the pool owner (individual, partnership, corporation, etc.); the mailing address of the owner with the city, state and zip code; the contact person for the owner; and the telephone number for the contact person.
- **Section C:** The rules require the owner of the each pool, wading pool or spa to provide for operation of the pool by a person who is responsible for pool operation, maintenance, safety and record keeping. The owner is responsible for maintaining documentation showing the operator has been trained on pool equipment operation, disease and injury prevention, pool water chemistry and regulatory requirements for public pools. Enter the name, company (if applicable) and contact information for the pool operator or CPO. (The operator is the person who will be responsible for daily readings of pool water chemistry, chemical additions, pool operating conditions, filing injury reports, etc., required by state law).
- **Section D:** For the pool operator listed in section C, attach a copy of their pool operator training certificate or fill in their CPO number. **If a new CPO, you must include a copy of their pool operator training certificate.** Provide the information required for questions # 1 through 5. Applications received without this information are considered incomplete.
- **Section E: Renewals:** Attach the applicable fee as shown on the front. The seasonal permit allows a pool to be operated until October 31 of the calendar year it is issued. The annual permit allows a pool to be operated from April 1 until March 31 of the following year. Any **existing** pool, spa or wading pool application that is incomplete or received without the appropriate fee after March 31 must cease operations until the application is completed, the proper fee is received by our department and a new operations permit is issued.

If you have been permitted in the past, it is important that the permit number be included on this application. The number should also be written on your check. This will ensure that your payment is applied to the correct account and facility.

- **Section F:** Read the certification statement. The application must be signed by an authorized individual, dated and contain the printed name of the signing individual. Return the completed application to:

**Macon County Public Health Center
Environmental Health Section
1830 Lakeside Drive
Franklin, NC 28734**

Note: A public swimming pool, wading pool or spa cannot be operated until the owner/operator is in possession of a valid operating permit. For this reason, staff of the Macon County Public Health Center will not give verbal permission allowing operation of a facility that does not have a valid permit posted on the premises. The Department will take appropriate reinforcement action to ensure protection of public health in the case of facilities being operated without appropriate permits.

Notes/Comments: