

## Application for Public Swimming Pool Permit

### Pool Information

Name of public swimming pool: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Type of public swimming pool :    Swimming pool    Wading pool    Spa    Other (describe) \_\_\_\_\_

Date constructed or remodeled:    Before May 1, 1993    After May 1, 1993

Dates of operation:    Opening date: \_\_\_\_\_    Closing date: \_\_\_\_\_    Opening

Hours of operation:    time: \_\_\_\_\_    Closing time: \_\_\_\_\_

### Owner Information

Name of owner: \_\_\_\_\_ Owner email: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: NC    ZIP: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Operator (On-Site Manager) Information

Pool operator: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: NC    ZIP: \_\_\_\_\_

Pool operator trained by:    National Swimming Pool Foundation (Certificate #: \_\_\_\_\_)

Other (please specify) \_\_\_\_\_

Application Submitted by: \_\_\_\_\_ Owner    Operator

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Purpose General Statute 130A-282 requires the Commission Health Services to adopt rules governing public swimming pools. The rules in 15A NCAC 15A.2500 require the owner or operator to apply annually for an operation permit for each public swimming pool. This form is to allow owners or operators of public swimming pools to apply for permits. Preparation: The information requested on this form is to be completed by the pool owner or a designated representative of the owner. The completed application is submitted to the local health department for the county in which the public swimming pool is located. A separate application must be completed for each public swimming pool. Copies: Original to be maintained at the local health department. Disposition: Please refer to Records Retention and Disposition Schedule for County/District Health Departments which are published by North Carolina Division of Historical Resources. Reorder: Additional Forms may be ordered from: Division of Environmental Health, Department of Environment and Natural Resources, 1630 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52- 01-00)