



FLORIDA DEPARTMENT OF HEALTH

Sarasota County Health Department

Office of Environmental Health Services

Have questions? Call 941-861-6675 or email Sarasota.Pools@flhealth.gov



APPLICATION TO AMEND FACILITY INFORMATION

Application is hereby made to the Sarasota County Health Department for a public swimming pool/bathing place operating permit in accordance with Florida Administrative Code, Chapter 64E-9 and the Florida Building Code (FBC) SECTION 454 Commercial Swimming Pools, as may be amended.

PERMIT NUMBER _____

Date: _____

Type of facility for which permit is required:

- Swimming Pool
 Spa/Therapy Pool
 Bathing Place
 Diving Pool
 No Diving
 Other _____

Volume _____ Living Units _____ Bathing Load ____ Persons

All Items Below Must be Completed

NAME OF FACILITY _____

LOCATION OF POOL _____

CITY _____ ZIP CODE _____

OWNER _____ PHONE _____

ADDRESS OF OWNER _____

CITY _____ STATE _____ ZIP CODE _____

AGENT _____ PHONE _____

ADDRESS OF AGENT _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____ FAX _____

POOL SERVICE PROVIDED BY _____ Operator Certificate # _____

POOL SERVICE EMAIL _____ PHONE _____

The undersigned owner, or owner's representative, hereby agrees to operate the pool described in this application in accordance with the requirements of Chapter 514 of the Florida Statutes (F.S.), and Chapter 64E-9 of the Florida Administrative Code, and maintain the original construction approved under the Florida Building Code by the jurisdictional building department. This agreement includes keeping a daily record of the information regarding pool operation on the monthly report form furnished by the department or on other forms approved by the department and when requested, submission of the completed form to the appropriate county health department.

Signature, Owner or Representative

Date