



ENVIRONMENTAL HEALTH SERVICES

NOTIFICATION OF PUBLIC SWIMMING POOL RESURFACING PROJECT

Today's Date: _____

Requesting (Check One):

Renovation Survey (pre-construction)

Renovation Inspection (post-construction)

Facility Name: _____

Address of Pool: _____

Permit Number (if known): _____

Contractor Name: _____

License #: _____

Phone #: _____

The undersigned hereby agrees to renovate the above mentioned commercial swimming pool in accordance with Florida Administrative Code 64E-9.005(2)(a) through (g).

Signature: _____

By Fax -- Sarasota office: 941.526.1535

By Fax -- Venice office: 941.526.1536

By Email: Sarasota.Pools@flhealth.gov

By Mail:

Florida Department of Health in Sarasota County

Pools Section

1001 Sarasota Center Boulevard

Sarasota, FL 34240