

APPLICATION FOR PUBLIC SWIMMING POOL OPEARTION PERMIT

POOL INFORMATION:

Name of public swimming pool: _____

Street address of pool location: _____

City: _____ State: NC Zip: _____

Type of public swimming pool: (*check one*)

Swimming pool
 Wading Pool
 Spa
 Other (*describe*) _____

Date constructed or remodeled: (*check one*)

Before May 1, 1993
 May 1, 1993 or later

Dates of operation: Opening date: _____ Closing date: _____

Hours of operation: Opening time: _____ Closing time: _____

OWNER INFORMATION

Name of owner: _____

Mailing address: _____

Contact person: _____ Phone: _____

OPERATOR INFORMATION

Name of Pool Operator: _____

Pool Operator Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Pool operator trained by: _____

National Certificate #: _____ Other (please specify) _____

Application Submitted by:

Owner or operator: _____
Signature *Typed or printed name*

Date: _____

Purpose: General Statute 130A-282 requires the Commission for Public Health to adopt rules governing public swimming pools. The rules in 15A NCAC 18A.2500 requires 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.