



## APPLICATION FOR PUBLIC SWIMMING POOL PERMIT

Name of Public Swimming Pool: \_\_\_\_\_

Street Address of Pool Location: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Type of Public Swimming Pool:**

☐ Swimming Pool ☐ Wading Pool ☐ Spa

☐ Other (describe): \_\_\_\_\_

**Date Constructed or Remodeled:** Before May 1, 1993 ☐ May 1, 1993 or later ☐

When do drain covers expire\*? Month \_\_\_\_\_ Year \_\_\_\_\_

When do equalizer covers (if provided) expire\*? Month \_\_\_\_\_ Year \_\_\_\_\_

*\*Facility is required to show documentation of the expiration dates of drain covers/equalizer covers during permitting inspection. If expired, these must be replaced before the permitting inspection.\**

### **Times of Operation:**

Hours of Operation: Opening Time \_\_\_\_\_ Closing Time \_\_\_\_\_

Year Round ☐ **OR** Seasonal ☐ \* Opening Date \_\_\_\_\_

Closing Date\* \_\_\_\_\_

**\*Seasonal pools (those which do not operate before April 1<sup>st</sup> or after October 31<sup>st</sup>) must put down the latest possible closing date. Permit will expire on the date placed on this application as the closing date. If facility wishes to extend the operating season after permit is issued, a new permit must be issued and another fee paid.**

**OWNER INFORMATION:**

Name of Owner (*corporation if applicable*): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**CERTIFIED OPERATOR INFORMATION:**

Name of Pool Operator: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Operator Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Pool Operator Trained By: \_\_\_\_\_

**PUBLIC SWIMMING POOLS MUST SUBMIT AN APPLICATION TO YADKIN COUNTY ENVIRONMENTAL HEALTH AT LEAST 1 WEEK PRIOR TO EXPIRATION OF OPERATION PERMIT. A SEPARATE APPLICATION FOR EACH POOL OR SPA MUST BE SUBMITTED. FOR YEAR ROUND POOLS, A \$150 FEE MUST BE SUBMITTED ALONG WITH THIS APPLICATION. PLEASE NOTE:**

Owner or Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Revised 8-2016*