

2014-2015 Permit Season

**APPLICATION FOR SWIMMING POOL/SPA/HOT TUB - RETURN ORIGINAL ONLY. DO NOT COPY OR FAX
COMPLETE ALL AREAS - BOTH BACK AND FRONT**

NOTE: This is not a permit to operate. Please allow 3-5 working days when calling for an inspection.

Application for: Indoor Pool: _____ Indoor Spa/Hot Tub: _____
Date New Renewal Update Outdoor Pool: _____ Outdoor Spa/Hot Tub: _____
Wading Pool: _____ Other: _____

NOT TO BE COMPLETED BY POOL SERVICE COMPANIES.
INCOMPLETE APPLICATIONS WILL BE RETURNED

Name of Pool: _____ Phone: _____ FAX: _____
(Complete name)

Address of Pool: _____ City State Zip
(Complete number and street name)

Mailing Address if different from above: _____

LEGAL OWNER - NOT MANAGEMENT COMPANY

Address: _____ Phone: _____

City State Zip

Management Company (if applicable) _____ Phone: _____

City State Zip

Name of Operator/Contact Person: _____ Phone: _____

Associated Facilities: Hotel/Motel: Yes () No () If yes, Name: _____
Restaurant: Yes () No () If yes, Name: _____
Campground: Yes () No () If yes, Name: _____

FACILITY INFORMATION: Operation: () Yearly () Seasonal _____ Hours: _____
Month to Month a.m. to p.m.

Days of Operation: Mon. Tues. Wed. Thur. Fri. Sat. Sun.

Water Supply: () Public (City) () Private (Well) Name of Certified Pool Operator: _____

POOL DIMENSIONS: LENGTH WIDTH DEPTH TOTAL SURFACE AREA CAPACITY IN GALLONS

HEALTH DEPARTMENT USE ONLY
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Permit Number: 09-_____ Census Tract: _____ EHS: _____ Check #: _____ Encounter Number: _____

CONTINUE ON BACK

IS POOL/SPA MANAGED BY A POOL SERVICE COMPANY, IF SO:

Name of Pool Company: _____ Telephone: _____

Address of Company: _____
City State Zip

Contact Person: _____

CONDITIONS OF THIS PERMIT INCLUDE, BUT ARE NOT LIMITED TO:

1. Fees are \$100.00 each per unit (i.e. indoor, outdoor, spa, etc.)
2. Read and be familiar with the Virginia Beach Swimming Pool Ordinance.
3. Abide by the conditions of such laws, rules and regulations.
4. Freely permit any agent(s) of the Department of Health to inspect subject premises at any reasonable time and to perform tests or take samples considered necessary.
5. A Certified Swimming Pool Operator must be available at all times.

I FURTHER UNDERSTAND THAT:

1. Virginia Beach Department of Public Health permits expire at midnight on the date indicated on permit. If pool/spa is closed for more than 30 days, re-opening without a health department inspection is prohibited.
2. Permits are not transferable.
3. The Virginia Beach Department of Public Health must be notified within forty-eight hours after having sold, transferred ownership, given away or otherwise disposed of any interest in, or control of, this swimming pool, spa or hot tub.

Signature of Authorized Agent

Printed Name of Authorized Agent

FOR NEW CONSTRUCTION OR RENOVATION SWIMMING POOLS/SPAS ONLY:

Two (2) separate sets of plans are required at time of submission.

I CERTIFY THAT THE SWIMMING POOL/SPA PLANS SUBMITTED WILL COMPLY OR EXCEED THE MINIMUM REQUIREMENTS AS STATED IN CHAPTER 34 OF THE CODE OF THE CITY OF VIRGINIA BEACH.

A SIGNED COPY OF THE POOL SPECIFICATIONS PLACARD MUST ACCOMPANY THIS APPLICATION.

A FEE OF \$95.00 FOR EACH PLAN REVIEW OF NEW CONSTRUCTION FOR POOL AND/OR SPA MUST ACCOMPANY EACH APPLICATION.

Signature of Authorized Representative