



**Commonwealth of Virginia**  
**POOL PERMIT APPLICATION**  
**Pittsylvania-Danville Health District**

*Pittsylvania-Danville and Southside  
Health Districts*



Danville City - Pittsylvania  
Halifax - Mecklenburg - Brunswick

I/we hereby make application to the Local Health Department for a permit to operate a pool

Seasonal \_\_\_\_\_ Year Round \_\_\_\_\_ Pool \_\_\_\_\_ Spa \_\_\_\_\_

**Owner/ Corporation Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_ **Hours of Operation:** \_\_\_\_\_

**Facility Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Operator(s) Name(s):** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

I/we attest to the accuracy of the information provided, affirm to comply with the Regulations of the Health Department and understand that per Chapter 460. Regulations Governing Tourist Establishment Swimming Pools and Other Public Pools and Chapter 462. Swimming Pool Regulations Governing the Posting of Water Quality Test Results, the Commissioner of Health or his authorized representative (s) shall have the right to enter the premises of the establishment at any reasonable time to inspect, conduct test or collect samples as required/needed. I/we further agree to accept notices issued and served by the regulatory authority.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Certified Pool Operator / or Designated Person in Charge**

**Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**OFFICE USE ONLY**

Approved for Permit: Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Date Permit Issued: \_\_\_\_\_ By: \_\_\_\_\_

Remarks: \_\_\_\_\_

**Submit Application to:** Danville Health Department  
 ATTN: Environmental Health Department  
 326 Taylor Drive  
 Danville, VA 24541  
 Phone: 434-766-9828  
 Fax: 434-766-9805  
 Email: [environmentalhealthpdhd@vdh.virginia.gov](mailto:environmentalhealthpdhd@vdh.virginia.gov)