



Commonwealth of Virginia
 Portsmouth Health Department
 Division of Environmental Health
 1701 High St, 4th Floor
 Portsmouth, VA 23704
 (757) 393-8585, Ext 8585 Fax (757) 393-8027

Office Records
 Date Received: _____
 \$50 Seasonal Permit: _____
 \$75 Year-round Permit: _____

RECREATIONAL WATER ESTABLISHMENT PERMIT APPLICATION

Year-Round Permit Fee \$75.00 / Seasonal Permit Fee \$50.00

New Recreational Water Facility Renewal Name Change Change of Owner

Name of Facility: _____
 Name of Owner: _____
 Ownership: Individual Corporation LLC Association Other _____
 Facility Address: _____ Suite # _____
 Facility Phone: _____ Email Address: _____
 Billing Address: _____

Pool Management Name: _____
 Pool Management Address: _____
 Pool Management Telephone: _____

Certified Pool Operator Name and Cell Phone Number	Credentials and Expiration	Status
	<input type="checkbox"/> Certified Pool Operator Certificate <input type="checkbox"/> Expiration Date _____	<input type="checkbox"/> Owner <input type="checkbox"/> Pool Management Company <input type="checkbox"/> Lifeguard <input type="checkbox"/> Pool Attendant

Is the recreational water facility (check appropriate box): Swimming Pool Waterpark Spa Other _____

Recreational Water Facility Location: Indoor Outdoor

Months of Operation: Year-Round January February March April May June July August
 September October November December

Days of Operation: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours of Operation: _____ a.m. p.m. to _____ a.m. p.m.

Water Supply: Public Private **Drinking Fountain:** Yes No

Pool Dimensions (ft): Length: _____ Width: _____ Average Depth: _____

Total Water Surface Area (ft²): _____ Capacity in Gallons: _____ Filtration type: _____

I/we attest to the accuracy of the information provided, affirm to comply with the Regulations Governing Tourist Establishment Swimming Pools and Other Public Pools 12 VAC 5-460 and allow the regulatory authority access to the facility at any reasonable time to inspect, conduct tests or collect samples as required.

Applicant's Signature: _____ Title: _____
 Applicant's Name (printed): _____ Date: _____

For Official Use:
 Environmental Health Spec: _____ Issue Date: _____
 Expiration Date: _____