

VIRGINIA BEACH DEPARTMENT OF PUBLIC HEALTH OFFICE OF ENVIRONMENTAL HEALTH

4452 Corporation Lane, Virginia Beach, VA 23462 TEL. (757) 518-2700 opt. 3 FAX (757) 518-2642

APPLICATION FOR RECREATIONAL WATER SERVICE PERMIT 2023

THIS IS NOT A PERMIT TO OPERATE. Permit Fee \$100.00.

***** NOT TO BE COMPLETED BY POOL SERVICE COMPANIES. INCOMPLETED APPLICATIONS WILL BE RETURNED. PLEASE
ATTACH THE COMPLETED SWIMMING POOL ELECTRICAL INSPECTION*****

New Renew	al Update	Application	Outdoor Pool:		ndoor Spa/Hot Tub: Outdoor Spa/Hot Tub: Other:
Name of Pool: _					
Address of Pool	:				
	ddress (If different from	-			
	AL OWNER - <u>NOT MANA</u>				
Agent/Mgmt. Co	mpany (if applicable)			-	Phone:
Facility Contact	Person:			Phone: _	
Name Certified F	Pool Operator:			Expiration	n Date:
Associ	ated Facilities:	Restaurant: Yes	s() No()If yes, Name s() No()If yes, Name s() No()If yes, Name	e:	
FACILITY INFOR	RMATION: Operation: () Yearly () Seasonal	Months of Operation	ŀ	lours:
	Days of Opera	ation: Mon. Tues	. Wed. Thur. Fri. Sat	. Sun.	
POOL DIMENSION	Water Supply	: () Public (City) () Private (Well)	
POOL DIMENSIC	LENGTH	WIDTH DE	PTH TOTAL SUR	FACE AREA	CAPACITY IN GALLONS
understand that right to e required/need reserves the rig	to the accuracy of the in t after the requested Per enter the premises of thi ded. I/we further agree to ght to deny the applicati	nformation provided, aft mit is issued, the Comm s establishment at any l o accept notices issued on if not properly comp	nissioner of Health or the reasonable time to inspec and served by the regular leted or facility not in con	egulations of the ir authorized re it, conduct test tory authority. inpliance with to	ne Health Department and epresentative(s) shall have the
Name of Owner/	Operator	Sig	nature of Owner/Operator	-	Date
HD USE ONLY:	Encounter #		* * * * * * * * * * * * * * * * * * *	□Electrica	* * * * * * * * * * * * * * * * * * *