



## Prince William Health District

8470 Kao Circle  
Manassas, VA 20110  
703-792-6310 Fax 703-257-5138  
Hours: M-F 8:00-4:30

# Swimming/Spa Pool Permit Application

New  Renewal  Name change  Change of owner

Application Fee: \$350.00 (Cash, Check payable to Prince William County, or Credit Card)

Office use only: Receipt # \_\_\_\_\_ Check # \_\_\_\_\_ Date: \_\_\_\_\_

Please fill out ONE application FOR EACH body of water:

Facility Type:  Indoor (Year-Round)  Outdoor (Seasonal) Opening Date: \_\_\_\_\_

Pool Type:  Main Pool  Wading Pool  Spa/Hot Tub  Other (IWF, Diving)

Hours of Operation: Mon.-Fri.: Open \_\_\_\_\_ Close \_\_\_\_\_ Sat. & Sun.: Open \_\_\_\_\_ Close \_\_\_\_\_

### Part I- Swimming Pool/Spa Information

Swimming Pool Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Swimming Pool Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (If Different) \_\_\_\_\_

Email for official correspondence: \_\_\_\_\_

### Part II- Ownership Information

Association  Corporation/LLC  Individual  Partnership  Other

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Email for official correspondence: \_\_\_\_\_

By signing this statement you, the facility owner, attest to the accuracy of the information provided in the application and that you comply with the Swimming Pool and Spa Ordinance, Chapter 25.1, of the Prince William County Code. You certify that the above referenced swimming pool or spa has an anti-entrapment device or system that is secure, operable, in good repair, and complies with the Virginia Graeme Baker Pool and Spa Safety Act.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

### Part III- Pool Management Company Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Email for official correspondence: \_\_\_\_\_

### Part IV- Plan Review Information

Name, address, phone number, email address of local registered agent (permit expediter/contractor/architect, if used for initial plan review submittal): \_\_\_\_\_

\_\_\_\_\_