



*Commonwealth of Virginia*  
*Chesapeake Health Department*  
*Division of Environmental Health*  
 748 North Battlefield Boulevard  
 Chesapeake, VA 23320  
 (757) 382-8672 Fax (757) 382-8713

Office Records  
 Date Received: \_\_\_\_\_  
 \$80 Plan Review: \_\_\_\_\_  
 \$50 Seasonal Permit: \_\_\_\_\_  
 \$75 Year-round Permit: \_\_\_\_\_

**RECREATIONAL WATER ESTABLISHMENT PERMIT APPLICATION**  
**THIS IS NOT A PERMIT TO OPERATE**

Please print or type the information requested below and return the completed application, a copy of the recent electrical inspection, and permit fee of \$50 (seasonal) or \$75 (year round) to the address listed above. The establishment and owner's name must be the same as recorded on the City of Chesapeake business license. Please note that permits are not transferable in a change of ownership.

Application with plan review fee of \$80 must be submitted to the Chesapeake Health Department for review and approval before any work may be done to the recreational water facility. If any existing equipment is to be replaced or new equipment is installed, the manufacturer's specifications must also be submitted. Please contact our office at (757) 382-8672 for more information.

New Recreational Water Facility  
  Renewal  
  Name Change  
  Change of Owner

Name of Facility: \_\_\_\_\_  
 Name of Owner: \_\_\_\_\_  
 Facility Address: \_\_\_\_\_ Suite # \_\_\_\_\_  
 Facility Phone: \_\_\_\_\_ Fax number: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_

**Email Address:** \_\_\_\_\_  
 (Important for Product Recalls & Public Health Emergencies)

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
	<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
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	<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 Will Operate:**  Year Round  
 Seasonal  
Seasonal Dates of Operation \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_

**Recreational Water Facility Location:**  Indoor  
 Outdoor

**Operational Days and Hours:**

DAY	M	T	W	TH	F	S	SU
HOURS							

**Food Service on Premises?**  Yes  No  
(If yes, a Food Service Establishment Permit Application must also be completed)

**Food Service Type:**  Full Service Restaurant  
 Snack Bar

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:**

Census Tract: \_\_\_\_\_ Environmental Health Spec. \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_