



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: _____
 \$50 Seasonal Permit: _____
 \$75 Year-round Permit: _____

Recreational Water Facility Permit Application

**** Please fill out application entirely. ****

Application Fee \$50 (seasonal) \$75 (year-round); Make checks payable to *Chesapeake Health Department*.

Purpose: New Establishment Renewal Name Change Owner/Corporation Change

Name of Facility: _____
Name of Owner: _____
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
	<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

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

Recreational Water Facility Location: Indoor Outdoor

Recreational Water Facility Will Operate: Year-Round Seasonal

Hours of Operation: Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____
Months of Operation: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

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

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 the City of Chesapeake Code of Ordinances, Chapter 14 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: _____