

RECREATIONAL WATER FACILITY APPLICATION

I/we hereby make application to the Portsmouth Health Department for a permit to operate a public recreational water facility:

This recreational water facility is a: Pool Spa/Hot Tub Splash Park

Is this a new recreational water facility? Yes No Are you reporting a change in ownership? Yes No

Will a pool company be in charge of the recreational water facility's daily operations? Yes No

If yes, name of pool company: _____ Phone: _____

INFORMATION ABOUT THE RECREATIONAL WATER FACILITY:

Name: _____

Address: _____ Portsmouth, VA _____

Phone: _____ Fax: _____

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: from _____ a.m. p.m. to _____ a.m. p.m.

Certified Pool Operator? Yes No If yes, Name of Operator: _____

Issue Date: _____ **Phone Number (required):** _____

Water Supply: (Water Facility) City Water Well Water (Drinking Fountain) City Water Well Water

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

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

Ownership: Individual Corporation LLC Association Other _____

Name of owner or corporation: _____ Phone: _____ Fax: _____

Mailing address: _____ City/State: _____ Zip code: _____

I/we attest to the accuracy of the information provided, affirm to comply with the Regulations of the Portsmouth Health Department and understand that after the requested Permit is issued, the Commissioner of Health or his authorized representative(s) shall have the right to enter the premises of this establishment at any reasonable time to inspect, conduct tests or collect samples as required/needed. I/we further agree to accept notices issued and served by the regulatory authority.

Printed name of applicant or person authorized
by applicant to sign this application.

Signature of applicant or person authorized
by applicant to sign this application.

Date: _____

Contact information for person above:

Home Address: _____ City/State: _____ Zip code: _____

Home phone: _____ Cell phone: _____ E-mail: _____
