



SARASOTA COUNTY HEALTH DEPARTMENT



Office of Environmental Health Services

APPLICATION FOR ANNUAL RENEWAL OR REISSUANCE OF PUBLIC SWIMMING POOL/BATHING PLACE OPERATING PERMIT

Application is hereby made to the Sarasota County Health Department for a public swimming pool/bathing place operating permit in accordance with Florida Administrative Code, Chapter 64E-9 and with Sarasota County Code of Ordinance Section 62-214.

CHANGE OF OWNER

PERMIT NUMBER _____

APPLICATION DATE: _____

Type of facility for which permit is required:

- Swimming Pool, Spa/Therapy Pool, Bathing Place, Diving Pool, Other, No Diving, Bathing Load, Volume, Living Units

NAME OF FACILITY _____

LOCATION OF POOL _____

CITY _____ STATE _____ ZIP CODE _____

OWNER _____ PH _____

ADDRESS OF OWNER _____

CITY _____ STATE _____ ZIP CODE _____

AGENT OR CONTACT: _____ PH _____

ADDRESS OF AGENT _____ FAX#: _____

CITY _____ STATE _____ ZIP CODE _____ FEE DUE \$50.00

Please make any necessary corrections on the above application. Please print clearly.

The undersigned hereby applies for a permit to maintain and operate a public swimming pool or bathing place pursuant to Florida Administrative Code, Chapter 64E-9, and Sarasota County Code of Ordinance Section 62-214.

RETURN ORIGINAL APPLICATION AND FEE TO:

Sarasota County Health Department Office of Environmental Health Services 1301 Cattlemen Road Sarasota, Florida 34232

Signature of Owner or Responsible Agent

Date