



**ENVIRONMENTAL HEALTH SERVICES**

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**NOTIFICATION OF PUBLIC SWIMMING POOL  
RESURFACING PROJECT**

Today's Date: \_\_\_\_\_

Requesting (Check One):

Renovation Survey (pre-construction)

Renovation Inspection (post-construction)

Facility Name: \_\_\_\_\_

Address of Pool: \_\_\_\_\_

Permit Number (if known): \_\_\_\_\_

Contractor Name: \_\_\_\_\_

License #: \_\_\_\_\_

Phone #: \_\_\_\_\_

The undersigned hereby agrees to renovate the above mentioned commercial swimming pool in accordance with Florida Administrative Code 64E-9.005(2)(a) through (g).

Signature: \_\_\_\_\_

By Fax:  
941-861-6152

By Mail:  
Sarasota County Health Department  
Pools Section  
1001 Sarasota Center Boulevard  
Sarasota, FL 34240