Department Use only

Approval Date: _____

Permit#: _____

APPLICATION FOR SWIMMING POOL OPERATING PERMIT

WALTON COUNTY BUILDING DEPARTMENT
P.O. DRAWER 689
DEFUNIAK SPRINGS, FL 32435
(850) 892-8160

Name of Project: _____

Address of Pool: _____ City: _____ Zip: _____

Property Owner: _____

Address: _____

City: _____State: _____Zip: _____

E-Mail: _____Phone#_____ Cell#_____

1. Number of Sanitary Facilities:

   Distance from Pool: _____

	Water Closets	Urinals	Lavatories	Dressing Rooms
Male				
Female				

2. Lighting (check one) ☐ No Night Swimming
   ☐ Outdoor: Three foot candles overhead and 1/2 watt per square foot of pool surface are underwater
   ☐ Indoor: Ten foot candles overhead and 8/10 watt per square foot of pool surface area underwater

3. Pool Volume in Gallons: Main Pool_____ Wading Pool _____ Spa Pool_____ Other _____

4. Pool Bathing Load: _____ Sizing: Transient ☐ Nontransient ☐ Number of Dwelling Units _____

5. Dimensions: Width: _____Length: _____Area: _____ Perimeter: _____ Depth: Max _____ Min _____Shape:_____

6. Equipment Make and Model:

   a. Recirculation Pump: _____ Flow _____ GPM At_____ TDH _____ HP _____

   b. Filter: _____ Area _____Sq. Ft. Flow Capacity _____

   c. Disinfection Equipment: _____Capacity _____ GPD ☐ or PPD ☐

   d. PH Adjustment Feeder: _____ Capacity _____ GPD

   e. Test Kit: _____

7. Equipment Substitutions from Approved Plans: _____
   _____
   _____
   _____

CERTIFICATION OF OWNER

The undersigned owner, or owner's representative, hereby agrees to operate the pool described in this application in accordance with the requirements of Chapter 514 of the Florida Statutes (FS), and Chapter 64E-9 of the Florida Administrative Code. This agreement includes keeping a daily record of the information regarding pool operation on the monthly report form furnished by the department or on other forms approved by the department and when requested, submission of the completed form to the appropriate county health department.

Signature _____ Date _____

Name (print or type) _____ Title (print or type) _____

****

CERTIFICATE OF CONSTRUCTION AND INSTALLATION

I certify that to the best of my knowledge and belief that construction and equipment installation as indicated in this application has been completed and installed in conformance with Chapter 514, FS, Section 424.1, FBC, and the approved plans and specifications.

Signature of Certified or Registered Contractor _____ Address _____

Name (print or type) _____ City/State/Zip _____

Date _____ License Number _____ Phone Number _____ E-Mail Address _____

****

I certify that to the best of my knowledge and belief the construction and equipment installation as indicated in this application has been completed and installed in conformance with Chapter 514,FS, Section 424.1, FBC, and the approved plans and specifications.

Date: _____

Seal:

Signature and Seal of Engineer Registered under Florida Statues: _____

Name (print or type) _____ Address _____

Florida Registration Number _____ City/State/Zip _____

Phone Number _____ E-Mail Address _____

****

Remarks: _____

_____

_____

_____

CERTIFICATION OF INSPECTION

I hereby certify that an inspection of this pool has been made and the foregoing information is correct to the best of my knowledge and belief. It is recommended the first annual operating permit be granted subject to the provisions of the Florida Administrative Code.

Signature of Inspector _____ Date _____

Print Name _____