

ALAMANCE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
209 N. Graham-Hopedale Road
Burlington, NC 27217
Phone: (336) 570-6367 www.alamance-nc.com Fax: (336) 570-6362

APPLICATION FOR PUBLIC SWIMMING POOL OPERATION PERMIT

NON-REFUNDABLE \$100 ANNUAL FEE FOR EACH SWIMMING POOL, WADING POOL, SPA

POOL INFORMATION:

Name of public swimming pool: _____

Street address of pool location: _____

City: _____ NC Zip: _____

Type of public swimming pool: (Check one) Swimming Pool
 Wading Pool
 Spa
 Other (describe) _____

Date constructed or remodeled: (Check one) Before May 1, 1993
 May 1, 1993 or later

Dates of operation: Opening date: _____ Closing date: _____

Hours of operation: Opening time: _____ Closing time: _____

OWNER INFORMATION:

Name of owner: _____

Mailing address: _____

Contact person: _____

Telephone Number: _____ Email: _____

OPERATOR (On-Site Manager) INFORMATION:

Name of pool operator: _____

Mailing Address: _____

Telephone Number: _____ Email: _____

Pool operator trained by: _____

Certificate Number: _____

APPLICATION SUBMITTED BY:

Owner or operator: _____ Date: _____

Signature

Typed or printed name: _____

The rules in 15A NCAC 18A .2500 require the owner or operator to apply annually for an operation permit for each public swimming pool. A separate application must be completed for each public swimming pool.

ALAMANCE COUNTY ENVIRONMENTAL HEALTH
APPLICATION FOR PERMITS

PROPER PHOTOGRAPHIC IDENTIFICATION IS REQUIRED

I certify that I am the owner, have contracted to purchase, or have been contracted by the owner of the property to provide a service on the property referenced herein and that such service requires a permit issued by the Alamance County Health Department for the following permits: Soil/Site Evaluation-Improvement; Authorization to Construct; Well Permit; Manufactured Home Park Permit; Existing Wastewater System Inspection; Water Sample; Tattoo; Swimming Pool; Swimming Pool Plan Review; Food Services, Child Care, Rest Home, etc. Plan Review and Permit.

Name _____ Phone # _____
(Applicant)

Mailing Address _____

Agency/Firm _____

Property Owner _____
(If different From Applicant)

I certify that all of the information set forth on this form is accurate.

(Signature)

DOB _____ ID _____ Verified By: _____
(NC Drivers License or Photo ID) (Initial)