SWIMMING POOL PERMIT APPLICATION

DATE: _____

NAME OF FACILITY: _____

ADDRESS OF FACILITY: _____

MAILING ADDRESS: _____

MANAGER OF POOL OPERATIONS: _____

MNAGER'S PHONE NUMBER: _____

MANAGER'S EMAIL ADDRESS: _____

OWNER OF FACILITY: _____

OWNER'S MAILING ADDRESS: _____

OWNER'S PHONE NUMBER: _____

OWNER'S EMAIL ADDRESS: _____

ANNUAL INSPECTION FEE PER BODY OF WATER: $100.00

NUMBER OF SWIMMING POOLS: _____ X $100.00 = $_____

NUMBER OF SPAS: _____X $100.00 = $_____

TOTAL AMOUNT DUE = $_____

(PLEASE ATTACH A COPY OF YOUR CURRENT POOL OPERATOR TRAINING COURSE CERTIFICATION AND A COPY OF A COMPLETED "VIRGINIA GRAEME BAKER POOL & SPA SAFETY ACT COMPLIANCE CHECK LIST")

Revised 07-2019

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