



**CHATHAM COUNTY PUBLIC HEALTH DEPARTMENT**  
**DIVISION OF ENVIRONMENTAL HEALTH**

80 EAST STREET, P.O. BOX 130 • PITTSBORO, NC 27312-0130  
Phone 919-542-8208 • Fax 919-542-8288

**APPLICATION FOR PUBLIC SWIMMING POOL/ SPA OPERATION PERMIT**  
**[Be sure to complete both sides of the application.]**

**SECTION A – FACILITY INFORMATION** (See instructions on back of this page)

Facility Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Date Pool Constructed: \_\_\_\_\_  Before May 1, 1993  May 1, 1993 or later  
Type of Pool:  Swimming Pool  Wading Pool  Spa  Other (*describe*): \_\_\_\_\_  
**Is pool VGB Compliant?  Yes  No [Documentation must be provided to validate]**  
**Pump or drain covers been replaced since last season?  Yes  No [If yes, provide paperwork]**

**SECTION B – OWNER INFORMATION**

Owner's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

**SECTION C – CERTIFIED POOL OPERATOR (CPO) INFORMATION**

Certified Pool Operator's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

**SECTION D – OPERATION INFORMATION**

The following information must be provided about the **FACILITY** and **OPERATOR** listed above.

1. Submit a photocopy of CPO training certificate.
2. What date will the pool begin operating this season? \_\_\_\_\_
3. What date will the pool close this season? \_\_\_\_\_
4. What will the hours of operation be? \_\_\_\_\_
5. Where should future correspondence be sent?  FACILITY  OWNER  OPERATOR
6. Would you prefer to be  mailed or  emailed information and updates?

**Failure to submit a COMPLETED APPLICATION FORM AND ALL REQUIRED DOCUMENTS or to follow instructions on the back of this form will prevent issuance of an operation permit.**

**SECTION E – PERMIT FEES**

Seasonal .....\$175  
Year-Round.....\$255  
Each Additional Pool on Property.....\$75

L. Layton Long, Jr. MSA, REHS  
Public Health Director

[Continued on back]

## **SECTION F – CERTIFICATION**

I certify that I am the owner, or the agent for the owner, of the property described above and that the information contained in this application is both accurate and complete. I understand that any permit issued based on information provided in this application may be revoked if it is later determined this information is incorrect.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

### **Purpose**

This form is required for new swimming pool operation permits and for renewal of operation permits. You should complete a separate form for each swimming pool, wading pool or spa you own or operate.

### **Instructions**

- **Section A:** Enter the name of the facility; the physical and mailing addresses with the city and zip code; and construction date. Answer all remaining questions and attach VGB Compliance documentation (e.g., Pool Drain Safety Compliance Data Sheet and/ or similar documentation) to application.
- **Section B:** Enter the name of the pool owner (individual, partnership, corporation, etc.); the mailing address of the owner with the city, state and zip code; the contact person for the owner, their title and contact information.
- **Section C:** The rules require the owner of each pool, wading pool or spa to provide for operation of the pool by a person who is responsible to the owner for operation, maintenance, pool safety and record keeping. The pool owner is responsible for maintaining documentation showing the operator has been trained on pool equipment operation, disease and injury prevention, pool water chemistry and regulatory requirements for public pools. Enter the name, company (if applicable) and contact information for the certified pool operator (CPO). (The CPO is the person who will be responsible for daily readings of pool water chemistry, chemical additions, pool operating conditions, filing injury reports, etc. required by state law).
- **Section D:** For the CPO listed in section C, you must attach a copy of his/ her CPO training certificate. Provide the information required for questions # 1 through 6. Applications received without this information are considered incomplete.
- **Section E:** Renewals: Attach the applicable fee(s) as shown on the front. The seasonal permit allows a pool to be opened on or after April 1 and to be closed on or before October 31 of the calendar year it is issued. Annual Permits are valid for one (1) year.
- **Section F:** Read the certification statement. The application must be signed by an authorized individual, dated and contain the printed name of the signing individual. Return the completed application to:

**Chatham County Health Department  
Environmental Health Division  
80 East St, PO Box 130  
Pittsboro, NC 27312**

**Note: A public swimming pool, wading pool or spa cannot be operated until the owner/operator is in possession of a valid operation permit. The Department will take appropriate enforcement action to ensure protection of public health in the case of facilities being operated without appropriate permits.**