

**ENVIRONMENTAL HEALTH SERVICES
APPLICATION FOR A PERMIT
TO OPERATE A PUBLIC POOL**

In accordance with provisions pursuant to the *Public Health and Safety Act*, I hereby apply for permission to operate a public pool and in support of this application supply the following information:

PLEASE PRINT						USE N/A, IF NOT APPLICABLE	
1. NAME OF PUBLIC POOL					<input type="checkbox"/> INDOOR POOL, or		2. CLASSIFICATION
					<input type="checkbox"/> OUTDOOR POOL		<input type="checkbox"/> CLASS A POOL, or
							<input type="checkbox"/> CLASS B POOL
3. LEGAL DESCRIPTION						PLAN NUMBER	
4. MUNICIPAL ADDRESS (if applicable)						POSTAL CODE	
5. MAILING ADDRESS <input type="checkbox"/> SAME AS MUNICIPAL ADDRESS						POSTAL CODE	
6. PHONE No.		7. FAX No. <input type="checkbox"/> SAME AS PHONE #		8. E-MAIL ADDRESS			
OPERATOR / OWNER							
9. POOL OPERATOR				10. BUSINESS NAME (if applicable)			
11. OPERATOR'S MAILING ADDRESS (CURRENT AND OFF-SEASON)							
12. OPERATOR'S PHONE No.		13. FAX No. <input type="checkbox"/> SAME AS PHONE #		14. E-MAIL ADDRESS			
15. BUILDING AND/OR LAND OWNER (if different from Operator) MAILING ADDRESS						PHONE NUMBER	
FACILITY							
16. <input type="checkbox"/> Floor Plan is attached, to include: pool dimensions and depths; diving boards, slides and other major equipment; food premises; first aid room.							
17. TYPE OF POOL							
<input type="checkbox"/> SWIMMING POOL		<input type="checkbox"/> HOT SPRING BASIN		<input type="checkbox"/> HOT TUB		<input type="checkbox"/> WHIRLPOOL	<input type="checkbox"/> WADING POOL
<input type="checkbox"/> DIVING TANK		<input type="checkbox"/> SPECIAL PURPOSE POOL		<input type="checkbox"/> OTHER _____			
18. PROPOSED DATE TO OPEN/OPERATE			19. DAYS & HOURS OF OPERATION			20. IF SEASONAL, LIST MONTHS OF OPERATION	
21. No. of STAFF	22. MAXIMUM DESIGN BATHER LOAD (for each pool)	23. DESIGN CIRCULATION RATE (turnover rate / 24 hrs.)		24. POOL VOLUME	25. METHOD OF DISINFECTANT (e.g. Chlorine)	26. FOOD SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete application to operate a Food Premises.	
27. WATER SUPPLY for SANITARY FACILITIES		28. SEWAGE DISPOSAL for SANITARY FACILITIES		29. POOL WATER SUPPLY	30. POOL WATER DISPOSAL	31. GARBAGE DISPOSAL	
<input type="checkbox"/> MUNICIPAL, or <input type="checkbox"/> OTHER, attach Form A		<input type="checkbox"/> MUNICIPAL, or <input type="checkbox"/> OTHER, attach Form A		<input type="checkbox"/> MUNICIPAL, or <input type="checkbox"/> OTHER, attach Form A	<input type="checkbox"/> MUNICIPAL, or <input type="checkbox"/> OTHER, attach Form A	<input type="checkbox"/> MUNICIPAL, or <input type="checkbox"/> OTHER, attach Form A	
32. PUBLIC SANITARY FACILITIES (No. of)						33. OTHER FACILITIES (describe)	
WOMEN'S DRESSING ROOM		MEN'S DRESSING ROOM		TOILET(S)		BASIN(S)	
TOILET(S)	BASIN(S)	SHOWERS	TOILET(S)	BASIN(S)	URINAL(S)	SHOWERS	
I am familiar with the regulations and good public health practices that pertain to the operation of a public pool; and declare that, to the best of my knowledge, the information submitted is accurate.							
SIGNATURE OF POOL OPERATOR				PRINT NAME		DATE	
OFFICE USE ONLY							
DISTRICT E.H.O.		REVIEWED BY <input type="checkbox"/> DISTRICT E.H.O.		NEIGHBOURHOOD	REVIEW DATE	PERMIT NUMBER	
PERMIT TO OPERATE <input type="checkbox"/> ISSUE WITH THE FOLLOWING CONDITIONS: PERMIT EXPIRES 1 YEAR FROM DATE OF ISSUE						DATE ISSUED	