

City of Gainesville

Annual Swimming Pool/Spa Permit For Public and Semi-Public Operations



Date:		Permit No.	
Pool/Spa Location: <small>(i.e., Leonard Park Aquatic Center)</small>			
Applicant Name:			
Address:			
City, State ZIP:			
Phone:		Email:	
Certified Operator: <small>Attach copy of operator certificate</small>	<input type="checkbox"/> NRPA AFO <input type="checkbox"/> PHTA CPO <input type="checkbox"/> ASPSA L.A.F.T. <input type="checkbox"/> NSPI PPSO <input type="checkbox"/> YMCA POOL		
POOL INFORMATION			
<input type="checkbox"/> Indoor Pool <input type="checkbox"/> Outdoor Pool			
Size of Pool (gallons):			
Shape of Pool:	<input type="checkbox"/> Kidney <input type="checkbox"/> Rectangular <input type="checkbox"/> Oval <input type="checkbox"/> Oblong <input type="checkbox"/> Other		
Min. Depth:		Max Depth:	
Average Depth:			
Backup Disinfection System:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Ozone <input type="checkbox"/> UV <input type="checkbox"/> Chlorine Dioxide			
Hours of Operation:			
Days of Operation:			
Pool Maintenance Contract:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Company:			
Address:			
City, State ZIP:			
Phone:			
Email:			
Maintenance Schedule:			
Signature of Applicant:			
	I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of permit will be complied with whether explicitly specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating the permitting of swimming pools, spas or public interactive water features.		