

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



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**Joseph A. Ladapo, MD, PhD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

## Instructions for Pool Ownership Change

1. Access your business ownership information from the following websites.
  - *Broward County Property Appraiser website:* <https://bcpa.net/RecMenu.asp>
  - *Division of Corporations Website:* <https://dos.myflorida.com/sunbiz/search/>
2. Fill out **highlighted fields** on enclosed Application Form DH4159 to reflect information from the websites mentioned above and submit all three documents to the department by e-mail to [BrowardEHChanges@flhealth.gov](mailto:BrowardEHChanges@flhealth.gov)
3. Submit \$50 ownership change fee (each permit requires a separate fee) and all outstanding fees (if applicable) should be paid in full. Please refer to the "Payment Methods" page below to see the payment options available.

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For Department Use Only	
Fee Received \$ _____	Date _____
Check# _____	From _____
_____	_____

Application Type: (check box, see instructions on back)

- Initial Permit       Modification  
 **Transfer, change of owner or name**  
 Renewal

**Operating Permit #** 06 - 60 - \_\_\_\_\_

## STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR A SWIMMING POOL OPERATING PERMIT

1. Project /Facility Name: \_\_\_\_\_ County: \_\_\_\_\_

Address of Pool: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Owner Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Building Dept. Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone Number

4. Design Engineer/Architect Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

5. Pool Water Source (Name of Public Water System): \_\_\_\_\_

6. Lighting (check one):
- No Night Swimming
  - Outdoor: Three foot candles overhead and 1/2 watt per square foot of pool surface area underwater
  - Indoor: Ten foot candles overhead and 8/10 watt per square foot of pool surface area underwater

7. Pool Volume in Gallons: Main Pool \_\_\_\_\_ Spa Pool \_\_\_\_\_ Other \_\_\_\_\_

8. Pool Bathing Load: \_\_\_\_\_ Number & Type of Dwelling Units Served: \_\_\_\_\_

9. Pool Dimensions: Width: \_\_\_\_\_ Length: \_\_\_\_\_ Area: \_\_\_\_\_ Perimeter: \_\_\_\_\_ Depth: Max. \_\_\_\_\_ Min. \_\_\_\_\_

10. Water Treatment Equipment Manufacturer and Model:

(A) Recirculation Pump: \_\_\_\_\_ Flow \_\_\_\_\_ GPM At \_\_\_\_\_ TDH HP \_\_\_\_\_

(B) Filter: \_\_\_\_\_ Area: \_\_\_\_\_ Sq. Ft. Flow Capacity \_\_\_\_\_ GPM

(C) Disinfection Equipment: \_\_\_\_\_ Capacity \_\_\_\_\_ (GPD) or (PPD)

(Secondary Disinfection if Applicable): \_\_\_\_\_

(D) pH Adjustment Feeder: \_\_\_\_\_ Capacity \_\_\_\_\_ (GPD)

(E) Test Kit: \_\_\_\_\_

11. Other Equipment Details: \_\_\_\_\_

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION OF OWNER**

The undersigned owner, or owner's representative, hereby agrees to operate the pool described in this application in accordance with the requirements of Chapter 514 of the Florida Statutes (F.S.), and Chapter 64E-9 of the Florida Administrative Code, and maintain the original construction approved under the Florida Building Code by the jurisdictional building department. This agreement includes keeping a daily record of the information regarding pool operation on the monthly report form furnished by the department or on other forms approved by the department and when requested, submission of the completed form to the appropriate county health department.

**Sign:** \_\_\_\_\_

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

**Name:** \_\_\_\_\_  
(Print or type)

**Title:** \_\_\_\_\_  
(Print or type) If not the Owner, attach authorization from Owner

**THIS SECTION FOR DOH USE ONLY:**

Building Department Construction Approval Date: \_\_\_\_\_ Approval Number: \_\_\_\_\_

**CERTIFICATION OF INSPECTION**

I hereby certify that an inspection of this pool has been made and the foregoing information is correct to the best of my knowledge and belief. It is recommended the first annual operating permit be granted subject to the provisions of the Florida Administrative Code.

\_\_\_\_\_  
Signature DOH Engineer/Authorized Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

[ ] Change data entered into EHD by \_\_\_\_\_ on \_\_\_\_\_

**Instructions- Before submitting application to DOH:**

**For Initial Permit:** Complete the entire application with owner certification. Include the original and one copy of this completed form, a copy of construction plans & specs to be submitted to the building department (electronic copy in PDF, TIF or JPG format is acceptable), and the appropriate fee. The operating permit number will be entered by DOH staff. This application will not be complete until a copy of the final building department inspection is received.

**For Modification:** Enter existing operating permit number, complete items 1 - 4, note proposed or completed changes in the appropriate sections, and complete the owner certification. Include a copy of the construction plans & specs to be submitted to the building department (electronic copy is acceptable). This application will not be complete until a copy of the final building department inspection is received.

**For Transfer:** Enter existing operating permit number, complete items 1 and 2, then note changes in the remarks section, and complete the owner certification. There is no fee or building plans required for a transfer permit reissued due to change of ownership, name of facility, phone number, or mailing address.

**For Renewal:** Enter existing operating permit number, complete items 1 and 2, and complete the owner certification. There is an annual operating permit fee charged for renewal.

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## Payment Methods

### Online:

<https://ephdapps.floridahealth.gov/EPHDOBP/Home.aspx>

For "Billing Code" or "Audit Control Number", refer to the 06-BID-XXXXX number

### Credit card authorization form:

- To docuSign, [Click here](#)
- To fax or mail, see attached copy.

### Mail:

Make check payable to: **Florida Department of Health in Broward County** and send to:

Florida Department of Health - Broward County  
Cashier's Office  
780 SW 24th Street  
Fort Lauderdale, FL 33315

### In Person:

Florida Department of Health - Broward County  
Cashier's Office: "Permit" window (First floor)  
2421-A SW 6th Avenue  
Fort Lauderdale, FL 33315

**Hours of Operation:** Monday-Friday 8:00AM-4:30PM

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**Florida Department of Health Broward County**  
780 SW 24<sup>th</sup> Street, Fort Lauderdale, FL 33315  
PHONE: 954-467-4700 • FAX: 954-760-7798  
www.**FloridaHealth.gov**



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Public Health Accreditation Board

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## CREDIT CARD AUTHORIZATION FORM

Facility: (Name) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### TO: FLORIDA DEPARTMENT OF HEALTH IN BROWARD COUNTY

We have taken an extra step to protect our clients from credit card fraud. An authorization form filled out and faxed to us along with a copy of your current ID will ensure us that the person using your card is you. This is to confirm that you are using our services with your credit card. It is very important for us to have you complete this form and fax it back to us as soon as possible, so we can process your payment. Thank you for your cooperation.

Cardholder: \_\_\_\_\_ Card #: \_\_\_\_\_

Circle Type: **VISA**      **MASTERCARD**      **AMERICAN EXPRESS**      **DISCOVER**

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### I AUTHORIZE THE FLORIDA DEPARTMENT OF HEALTH (FDOH) IN BROWARD COUNTY TO CHARGE MY ACCOUNT FOR THE FOLLOWING:

Amount: \$ \_\_\_\_\_ and Service \_\_\_\_\_

If this is a renewal of FDOH - Broward County License or Permit, please print your Permit # \_\_\_\_\_

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

**FAX TO: (954) 467-4434 / E-MAIL TO: BrowardEHCashier@flhealth.gov OR MAIL TO: Our address below ATTN: Cashier's Office**

**Please make any updates to the renewal of your FDOH - Broward County License or Permit.**

**Facility Name:** \_\_\_\_\_ **License/Permit#** \_\_\_\_\_

**Location Address:** \_\_\_\_\_ **Location City, State, Zip** \_\_\_\_\_

**Location Phone:** \_\_\_\_\_ **Location Fax:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **Owner/Manager/Contact** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION**

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