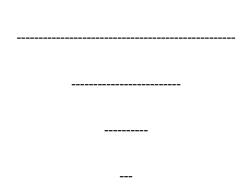
Ron DeSantis Governor

Joseph A. Ladapo, MD, PhD State Surgeon General

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 <u>highlighted fields</u> 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 <u>BrowardEHChanges@flhealth.gov</u>
- 3. Submit \$50 ownership change fee (each permit requires a separate fee) and all outstanding fees (if applicable) should be paid in full. Click on payment methods link for payment options. Payment Methods







For De	epartmen	t Use Only
Fee Received \$		Date
Check#	From	
Operating Permi	t# 06 - 6	60 -

Application Type: (check box, see instructions on back)
☐ Initial Permit ☐ Modification
☐ Transfer, change of owner or name
☐ Renewal

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

1.	. Project /Facility Name:		County:	
	Address of Pool:C	ity:	Zip:	
2.	. Owner Name:E-	Mail:	Pho	ne: (<u>)</u>
	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 Indoor: Ten foot candles overhead and			
7.	. Pool Volume in Gallons: Main Pool Spa Pool	Other		
8.	. Pool Bathing Load: Number & Type of Dwelling U	nits Served:		
9.	. Pool Dimensions: Width: Length: Area:	Perimeter:	Depth: Max	Min
10	Water Treatment Equipment Manufacturer and Model:			
	(A) Recirculation Pump:	Flow AWWWWW	∰GPM At∰∰∰	DHÁHP
	(B) Filter: <u>A////////////////////////////////////</u>	ea:Sq. Ft.	Flow Capacity	GPM
	(C) Disinfection Equipment:	<u> </u>	xienphenessely	(GPD) or (PPD)
	(Secondary Disinfection if Applicable):			
	(D) pH Adjustment Feeder:	C	Capacity	(GPD)
	(E) Test Kit:			
11	1. Other Equipment Details:			
_				

REMARKS:	
CERTIFIC	ATION OF OWNER
the requirements of Chapter 514 of the Florida Statutes (F.S.), a original construction approved under the Florida Building Code	ees to operate the pool described in this application in accordance with and Chapter 64E-9 of the Florida Administrative Code, and maintain the by the jurisdictional building department. This agreement includes on on the monthly report form furnished by the department or on other ssion of the completed form to the appropriate county health
Sign:	(Date)
Name:	(Title:)
(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:
CERTIFICAT	ION OF INSPECTION
	nd the foregoing information is correct to the best of my knowledge and ranted 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.

Mission:

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



Joseph A. Ladapo, MD, PhD State Surgeon General

Vision: To be the Healthiest State in the Nation

How to Make a Payment

Online:

www.myfloridaEHpermit.com

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

Credit card docusign authorization form:

To access, Click here

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

Mail credit card authorization form or fax to (954)467-4434

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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CREDIT CARD AUTHORIZATION FORM

Facility: (Name)			
Address:			
City, State, Zip:			
	_	F HEALTH IN BROWARD COUN	
faxed to us along with a copy o confirm that you are using our s	of your current ID will en	om credit card fraud. An authorizationsure us that the person using your oft card. It is very important for us to haw process your payment. Thank you the	card is you. This is to ave you complete this
Cardholder:		Card #:	
Circle Type: VISA	MASTERCARD	AMERICAN EXPRESS	DISCOVER
Expiration Date:		Security Code:	
Credit Card Billing Address: _			
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