

Mission:

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



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

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

Instructions for Pool Ownership Change

1. Application Form DH4159 (form enclosed). Fill out **highlighted fields only**.
2. Pay all outstanding fees (if applicable).
3. Access your business ownership information from the following websites and **submit the a copy of these documents with your application**. Failure to do so will delay the process.
 - *Broward County Property Appraiser website:* <https://bcpa.net/RecMenu.asp>
 - *Division of Corporations Website:* <https://dos.myflorida.com/sunbiz/search/>
4. \$50 fee - Each Permit will require a separate payment of Change of Ownership fee.

How to Submit the Application

Mail:

Mail check or credit card authorization form to:
Florida Department of Health in Broward
Cashier's Office
2421-A SW 6th Avenue
Fort Lauderdale, FL 33315

E-mail:

E-mail credit card authorization form and application to:
BrowardEHChanges@flhealth.gov

In Person:

Pay by cash, check, or credit card to:
Environmental Health (2nd Floor)
Florida Department of Health in Broward
2421-A SW 6th Avenue
Fort Lauderdale, FL 33315

***Make checks payable to: **Florida Department of Health in Broward County**



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 # _____ -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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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 returned 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. Please complete and return this form 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 IN BROWARD COUNTY TO CHARGE MY ACCOUNT FOR THE FOLLOWING:

Amount: \$ _____ and Service _____

If this is a renewal of BCHD License or Permit, please print your Permit # ____ 06 _____

Signature: _____ **Date:** _____

Please make any updates to the renewal of your Broward County Health Department 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