Instructions for Pool Ownership Change

1. **Complete Application Form DH4159**
   - The form is enclosed.
   - Fill out **only the required, highlighted fields**. The permit number is essential to access your account.

2. **Verify Business Ownership Information**
   - Access your ownership details from the following websites:
     - ***Broward County Property Appraiser (BCPA):*** https://bcpa.net/RecMenu.asp **(Select Address** and enter the physical **location of the swimming pool**./spa.)
     - ***Florida Department of State Division of Corporations (Sunbiz):*** https://dos.myflorida.com/sunbiz/search/ (Search by **Name** and enter the **owner/corporation name.)**
   - Ensure the owner listed on the application matches the owner shown on either the BCPA or Sunbiz report (preferably Sunbiz).
   - Submit a copy of these documents along with your application by email to: BrowardEHChanges@flhealth.gov
     ●**Failure to include these documents will delay processing.**

3. **Payment Requirements**
   - Each permit requires a separate **Change of Ownership fee of $50**.
   - All outstanding fees (if applicable) must be paid in full.

4. **Refer to the Payment Methods Sheet**
   - Follow the instructions provided on the payment methods sheet for completing your payment.

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: _____ Title: _____
(Print or type) (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.

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 - Operations Building (2nd Floor)
2421-A SW 6th Avenue
Fort Lauderdale, FL 33315
Hours of Operation: Monday-Friday 8:00AM-4:30PM

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 # **06-** **-** _____

Signature: _____ **Date:** _____

FAX THIS FORM TO: (954) 467-4434 OR E-MAIL IT TO: BrowardEHCashier@flhealth.gov

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