

APPLICATION FOR POOL CONSTRUCTION AND /OR OPERATING PERMIT

Environmental Public Health & Licensing

- Note:**
- A **CONSTRUCTION** permit is required by the Public Health Act, Pool Regulation for new pools and alteration to existing pools and must be obtained before construction occurs. A BC Registered Professional is retained to coordinate the proposed construction, renovation, or alteration of a proposed or existing pool facility. The responsibilities designated under the Pool Regulation to a Registered Professional cannot be delegated to the owner or owner representative.
 - An **OPERATING** permit is required before the pool is open for use.

Name of Pool Facility _____ Date _____

Site Address _____ City _____

What are you applying for? <i>Check all that apply</i>	<input type="checkbox"/> Construction Permit(s) <input type="checkbox"/> Operating Permit(s) <input type="checkbox"/> I need to change the name of the Legal Owner <input type="checkbox"/> I need to change the name of the pool facility Specify previous name: _____
Why are you applying?	<input type="checkbox"/> New Pool(s) <input type="checkbox"/> Replacement or Alteration work <input type="checkbox"/> Changes to the pool facility information (ownership, contacts): _____ _____
Legal Owner	_____
Type of Ownership	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Society
Legal Owner	Mailing Address _____ City _____ Postal Code _____ Email _____ Phone _____ Cell _____ Fax _____
How many pools are included in this application?	<i>Note: they must be at the same location and under the same ownership. Ask for clarification. List all the pools involved in this application and their months of operation.</i>
Pool # 1 Name: _____ Months of Operation: <input type="checkbox"/> All Year <input type="checkbox"/> Seasonal Open from (month) _____ to (month) _____ <input type="checkbox"/> Commercial <input type="checkbox"/> Public Pool <input type="checkbox"/> Hot Tub <input type="checkbox"/> Wading Pool <input type="checkbox"/> Circulating Spray Pool <input type="checkbox"/> Non-circulating Spray Pool	
Pool # 2 Name: _____ Months of Operation: <input type="checkbox"/> All Year <input type="checkbox"/> Seasonal Open from (month) _____ to (month) _____ <input type="checkbox"/> Commercial <input type="checkbox"/> Public Pool <input type="checkbox"/> Hot Tub <input type="checkbox"/> Wading Pool <input type="checkbox"/> Circulating Spray Pool <input type="checkbox"/> Non-circulating Spray Pool	
Pool # 3 Name: _____ Months of Operation: <input type="checkbox"/> All Year <input type="checkbox"/> Seasonal Open from (month) _____ to (month) _____ <input type="checkbox"/> Commercial <input type="checkbox"/> Public Pool <input type="checkbox"/> Hot Tub <input type="checkbox"/> Wading Pool <input type="checkbox"/> Circulating Spray Pool <input type="checkbox"/> Non-circulating Spray Pool	
Pool # 4 Name: _____ Months of Operation: <input type="checkbox"/> All Year <input type="checkbox"/> Seasonal Open from (month) _____ to (month) _____ <input type="checkbox"/> Commercial <input type="checkbox"/> Public Pool <input type="checkbox"/> Hot Tub <input type="checkbox"/> Wading Pool <input type="checkbox"/> Circulating Spray Pool <input type="checkbox"/> Non-circulating Spray Pool	

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PART B - OPERATING PERMIT APPLICATION

Pool Operator _____

Address _____

City _____ Postal Code _____

Email _____ Phone _____

Cell _____ Fax _____

Name of Water Supply serving the facility pool(s): _____

Does this water supply have an operating permit issued by Interior Health? Yes No

Fees

Billing Address _____ Same as Owner Address

City _____ Postal Code _____

Billing Contact _____ Phone _____

The personal information collected is necessary for program operation per Section 26 of the *Freedom of Information and Protection of Privacy Act*. Information that appears on a permit may be disclosed per Section 22(4)(i) of the Act. If you have any questions about the collection and use of this information, please contact the Engineering Office.

Submitted by (Please Print)	Signature
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Submit the completed application, with required attachments, to engineeringdirect@interiorhealth.ca

If you have questions about the Operating Permit application contact an Environmental Health Officer. If you are making changes to an existing pool, please submit your information to the local Environmental Health Officer.

If you have questions about the Construction Permit application contact:

Engineering Direct
 Penticton Protection Office
 3090 Skaha Lake Road
 Penticton, B.C. V2A 7H2
 Phone: 1-855-743-3550

OFFICE USE ONLY		
Facility Number(s):	Submission Date:	
PHE:	Re-submission:	
EHO:	Revision Number:	
Does the construction impact the Operating Permit fee? <input type="checkbox"/> Yes <input type="checkbox"/> No	CP Number:	
Change Reasons: <input type="checkbox"/> New Application <input type="checkbox"/> Change of Facility Name (<i>previous name</i>): _____		
<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> Months of Operation	Payment Method
<input type="checkbox"/> Change Facility Category Style	<input type="checkbox"/> Reduction of Fees (multi-premises)	<input type="checkbox"/> Debit <input type="checkbox"/> Cash
	<input type="checkbox"/> Change of Fees	<input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque