



**APPLICATION FOR PUBLIC SWIMMING POOL OPERATION PERMIT**

**Pool information:**

Name of public swimming pool: \_\_\_\_\_

Street address of pool location: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Emergency poolside phone number (*call boxes not applicable*): (\_\_\_\_\_) \_\_\_\_\_

Type of public swimming pool (check one):     Swimming pool     Spa     Wading pool

Other (describe) \_\_\_\_\_

**Type of disinfection:**     Chlorine     Bromine     Biguanide    **Is the pool heated?**     Yes     No

**Water supply:**     Well     Municipal    **Wastewater discharge:**     Onsite System     Municipal

**Date constructed or remodeled** (check one):     Before May 1, 1993     May 1, 1993 or later

**Dates of operation:**

Seasonal (April 1-October 31)

Year Around (one year from date of permit issuance)

Opening date: \_\_\_\_\_

Closing date: \_\_\_\_\_

**Daily pool hours of operation:** \_\_\_\_\_ am/pm    to: \_\_\_\_\_ am/pm

**Operator (on-site manager) information:**

Name of pool operator: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_    Email address: \_\_\_\_\_

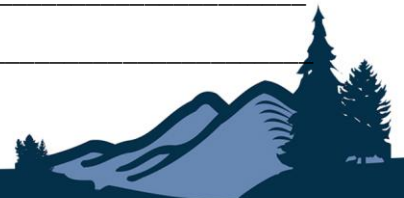
Pool operator CPO certificate # : \_\_\_\_\_ (attach certificate)

**Owner information:**

Name of owner: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_



Contact person: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

**Management company information** (if applicable):

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

**Application submitted by** (*typed or printed name*): \_\_\_\_\_

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

Phone number (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

One application packet per body of water is required. Applications will not be considered received and will not be processed if packets are incomplete. Packets include:

- Completed application
- Completed Pool Drain Safety Compliance Datasheet and supporting documentation for each pump system
- Certified pool operator documentation
- Payment as follows (new rates effective 7/1/2022):**
  - Seasonal permit fee **per body of water** (April 1-October 31): \$200.00
  - Year around permit fee **per body of water**: \$250.00

You may submit completed application packets and paperwork to Buncombe County Environmental Health via email at [ehrequest@buncombecounty.org](mailto:ehrequest@buncombecounty.org); in person or by mail at 30 Valley St. Asheville, NC, 28801; or by fax at 828-250-6161. Payments can be made in person by either cash, check, money order, or credit card; through the mail by check or money order; or over the phone if using a credit card at (828) 250-5016. You may also contact [ehrequest@buncombecounty.org](mailto:ehrequest@buncombecounty.org) or (828)-250-5016 to schedule your inspection or with any questions/concerns and you will be transferred to your assigned inspector.

*Purpose: General Statute 130A-282 requires the Commission for Health Services to adopt rules governing public swimming pools. The rules in 15A NCAC 18A .2500 require the owner or operator to apply annually for an operation permit for each public swimming pool. This form is to allow owners or operators of public swimming pools to apply for permits. Preparation: The information requested on this form is to be completed by the pool owner or a designated representative of the owner. The completed application is submitted to the local health department for the county in which the public swimming pool is located. A separate application must be completed for each public swimming pool.*

