

2020 Application for Operating Permit of a Swimming Pool, Spa, and/or Beach Area

Annual Fee per Site: \$370.00

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***NOTE: Pool permit will not be issued until ALL Entry Keys and Combinations are submitted to our office.**

Pump Room Key <input type="checkbox"/>	Gate Key <input type="checkbox"/>	Gate Combination <input type="checkbox"/>	Lockbox Combination <input type="checkbox"/>	Other <input type="checkbox"/> (list below)

"Employee Aided" option is only available for facilities with full time staff onsite 8-5.

List All Other Entry Information Here (if applicable):

Pool/Feature Name, Number, etc. (e.g., Lap Pool, Leisure Pool, Pool #1)	Spa Name, Number, etc. (e.g., Indoor Spa, Spa #1)	Surface Area (Sq. Ft.)	Volume (Gallons)

Facility (physical address of pool):

Pool Name: _____

Pool Address: _____
 Street City State Zip

Phone: _____ Contact Person: _____

HOA Management Company or Property Management Company (if applicable):

Company/Name: _____

Mailing Address: _____
 Street City State Zip

Phone: _____ Cell: _____ Email Address: _____

Property Owner Information:

Name: _____ Email Address: _____

Mailing Address: _____
 Street City State Zip

Phone: _____ Fax: _____ Cell: _____

BILLING ADDRESS for the pool is:

Pool Facility Address **Management Co** **Property Owner Address** **Other Contact**

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Facility Name: _____

NOTE: Pool permit will not be issued without current licensure for either a LPO or CPO

Licensed Pool Operator (LPO) / Certified Pool Operator (CPO):

Name of person, not name of business: _____ LPO/CPO #: _____

Mailing Address: _____
Street City State Zip

Phone: _____ Cell: _____ Email Address: _____

If your LPO is part of a pool care business, list pool business information (if applicable):

Pool Business Name: _____

Mailing Address: _____
Street City State Zip

Contact Available During the Day:

Name: _____ Email Address: _____

Mailing Address: _____
Street City State Zip

Phone: _____ Fax: _____ Cell: _____

<u>Current Facility Types and Times Open</u>		<u>How Many</u>	<u>Current Facility Types and Times Open</u>		<u>How Many</u>
Swimming Pool:	Seasonal _____ All Year _____	_____	Wading Pool:	Seasonal _____ All Year _____	_____
Spa:	Seasonal _____ All Year _____	_____	Other:	Seasonal _____ All Year _____	_____

Any Pool Changes or Additions Anticipated in the Coming Year?

Yes No

If Yes, Describe Changes: **Plans Must be Submitted for Approval via Modifications Permit Application PRIOR to changes**

Please make your check payable to: **JCDHE** and return to Johnson County Environmental Division, 11811 South Sunset Drive, Suite 2700, Olathe, Kansas 66061. **For credit card payment over the phone please fax completed application to (913) 715-6970 or email to Richelle.Rames@jocogov.org . Then call (913) 715-6915 to make the credit card payment. We do not accept American Express.** If you require a TDD number please call 800-766-3777.

I certify that the information submitted is, to the best of my knowledge and belief, true, accurate and complete.

Signature of Owner or Agent _____ Printed Name of Owner or Agent _____ Date _____