

**2021 Application for Operating Permit of a Swimming Pool, Spa, and/or Beach Area**

**Annual Fee per Site: \$370.00**

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

Pump Room Key     Gate Key     Gate Combination     Lockbox Combination     Other  (list below)

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**"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**

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 payment with the application** to Johnson County Environmental Division, 11811 South Sunset Drive, Suite 2700, Olathe, Kansas 66061. **For credit card payment over the phone please email the application to [Richelle.Rames@jocogov.org](mailto: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