

THE PUBLIC HEALTH ACT

Application for Permit to Operate Swimming Pool

TO: MEDICAL OFFICER (HEALTH)

I.....  
Name of Applicant

of.....  
Address of Swimming Pool

do hereby apply to operate a public swimming pool at the above location.

I understand that if the permit is granted, the provisions of the Public Health (Swimming Pools) Regulations, 2000 shall be strictly complied with.

I enclose the application fee of .....

.....  
Signature of application or  
Authorized person

.....  
Date

<b>FOR OFFICIAL USE ONLY</b>	
Documents in support of application _____	
_____	
Date application received _____	_____
	Authorized Officer
Date of inspection _____	
Date certificate issued _____	
_____	
Authorized Officer	