

# PUBLIC SWIMMING POOL CONSTRUCTION PERMIT PROCESS

## MONROE COUNTY



### STEP 1

#### FLORIDA DEPARTMENT OF HEALTH IN MONROE COUNTY

Owner or Owner's Agent must apply for a public pool permit by completing form DH 4159, and including a set of proposed plans and a check for \$150.00 per facility made payable to "Department of Health". In other words, if you have a pool and a spa you are proposing to construct, you need to apply for a permit for each one.

### STEP 2

#### FLORIDA DEPARTMENT OF HEALTH IN MONROE COUNTY

Apply at local health department office. Owners and owner's agents are encouraged to provide an electronic copy of their plans and form DH 4159 to the health department's regional engineering office at: [mark.pabst@flhealth.gov](mailto:mark.pabst@flhealth.gov)

#### Key Largo

Nelson Government Center  
102050 Overseas Highway  
Key Largo, Florida 33037  
(305) 453-8750

Open Monday, Wednesday and  
Friday from 9:30 AM to 3:30 PM

#### Marathon

Ruth Ivins Center for Public Health  
3333 Overseas Highway  
Marathon, Florida 33050  
(305) 289-2721

Open Tuesday and Thursday from  
9:30 AM to 3:30 PM

#### Key West

Dept. of Juvenile Justice Building  
College Road  
Key West, Florida 33040  
(305) 809-5670

Open Monday, Wednesday and  
Friday from 9:30 AM to 3:30 PM

### STEP 3

#### FLORIDA DEPARTMENT OF HEALTH IN MONROE COUNTY

Local health department office issues "Receipt of Application for Public Swimming Pool Permit" letter. Every effort will be made to issue the letter on the same day as application. With this letter, the applicant now applies to the local building department for a construction permit.

### STEP 4

#### LOCAL BUILDING DEPARTMENT

With the "Receipt of Application for Public Swimming Pool Permit" letter, owner or owner's agent applies for a construction permit at the local building department.

### STEP 5

**REGIONAL DOH ENGINEER SUPPLIES LOCAL BUILDING DEPARTMENT AND LOCAL HEALTH DEPARTMENT WITH RESULTS OF PLAN REVIEW FOR CRITICAL LIFE AND SAFETY ISSUES.** At this point, the local building department will process the permit application and when all requirements of the Florida Building Code are met, they will issue a construction permit for the pool. The contractor may then begin construction.



For Department Use Only	
Fee Received \$	Date
Check#	From

Application Type: (check box, see instructions on back)

- ☐ Initial Permit      ☐ Modification  
☐ Transfer, change of owner or name  
☐ Renewal

Operating Permit # \_\_\_\_\_

## STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR A SWIMMING POOL OPERATING PERMIT

This original form is to be completed and submitted with one copy, a set of construction plans & specs, a copy of the building department's final inspection along with the appropriate fee.

1. Name of Project /Facility \_\_\_\_\_ County \_\_\_\_\_

Address of Pool \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

2. Name of Owner \_\_\_\_\_ E-Mail \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Building Department Name: \_\_\_\_\_ ( )  
Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

P.O. Box or Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

4. Pool Water Source \_\_\_\_\_

5. Lighting (check one): ( ) No Night Swimming  
( ) Outdoor: Three foot candles overhead and 1/2 watt per square foot of pool surface area underwater  
( ) Indoor: Ten foot candles overhead and 8/10 watt per square foot of pool surface area underwater

6. Pool Volume in Gallons: Main Pool \_\_\_\_\_ Wading Pool \_\_\_\_\_ Spa Pool \_\_\_\_\_ Other \_\_\_\_\_

7. Pool Bathing Load: \_\_\_\_\_ Number of Dwelling Units \_\_\_\_\_

8. Pool Dimensions: Width: \_\_\_\_\_ Length: \_\_\_\_\_ Area: \_\_\_\_\_ Perimeter: \_\_\_\_\_ Depth: Max. \_\_\_\_\_ Min. \_\_\_\_\_ Shape: \_\_\_\_\_

9. Water Treatment Equipment Make and Model:

(A) Recirculation Pump: \_\_\_\_\_ Flow \_\_\_\_\_ GPM At \_\_\_\_\_ TDH \_\_\_\_\_ HP \_\_\_\_\_

(B) Filter: \_\_\_\_\_ Area \_\_\_\_\_ Sq. Ft. Flow Capacity \_\_\_\_\_

(C) Disinfection Equipment: \_\_\_\_\_ Capacity \_\_\_\_\_ (GPD) or (PPD)

(Secondary Disinfection if Applicable) \_\_\_\_\_

(D) pH Adjustment Feeder: \_\_\_\_\_ Capacity \_\_\_\_\_ (GPD)

(E) Test Kit: \_\_\_\_\_

10. Equipment Substitutions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CERTIFICATION OF OWNER

The undersigned owner, or owner's representative, hereby agrees to operate the pool described in this application in accordance with the requirements of Chapter 514 of the Florida Statutes (F.S.), and Chapter 64E-9 of the Florida Administrative Code, and maintain the original construction approved under the Florida Building Code by the jurisdictional building department. This agreement includes keeping a daily record of the information regarding pool operation on the monthly report form furnished by the department or on other forms approved by the department and when requested, submission of the completed form to the appropriate county health department.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_  
(print or type)

Title \_\_\_\_\_  
(print or type)

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Building Department Construction Approval Date \_\_\_\_\_ Approval Number \_\_\_\_\_

\_\_\_\_\_

### CERTIFICATION OF INSPECTION

I hereby certify that an inspection of this pool has been made and the foregoing information is correct to the best of my knowledge and belief. It is recommended the first annual operating permit be granted subject to the provisions of the Florida Administrative Code.

\_\_\_\_\_  
Signature DOH Engineer/Authorized Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

☐ Change data entered into EHD by \_\_\_\_\_ on \_\_\_\_\_

### Instructions- Before submitting application to DOH:

**For Initial Permit:** Complete the entire application with owner certification. Include original and one copy of this completed form, a copy of construction plans & specs submitted to the building department (electronic copy in PDF, TIF or JPG format is acceptable), a copy of the building department final inspection approval, and the appropriate fee. The operating permit number will be entered by DOH staff.

**For Modification:** Complete items 1 - 3, enter existing operating permit number, note proposed or completed changes in the appropriate sections, and complete the owner certification on page 2. Include a copy of the construction plans & specs submitted to the building department (electronic copy is acceptable) and a copy of the building department's final inspection approval.

**For Transfer:** Complete items 1 and 2, enter existing operating permit number, then note changes in the page 2 owner remarks section, and complete the owner certification on page 2. There is no fee or building plans required for a transfer permit reissued due to change of ownership, name of facility, phone number, or mailing address.

**For Renewal:** Complete items 1 and 2, enter existing operating permit number, and complete the owner certification on page 2. There is an annual operating permit fee charged for renewal.

**Critical Health & Safety Criteria for New Pools**  
(For initial Department of Health operating permit issuance)

Source water quality acceptable  
Gravity drainage with collector tank (correctly sized for gpm)  
APSP Standard 16 drain cover(s) installed (aka VGB)  
Water velocity thru main drain  $\leq 1.5$  feet per second  
Slope break tile line and safety rope (where slope break requires this)  
Depth markers and NO diving markers correctly placed  
Code listed equipment is NSF Std 50 approved, and chemicals added are NSF Std 60  
Filter size, filter type, flow rate and pump GPM per approved plans and code  
Interactive Water Feature (IWF) with full filtration or UV disinfection  
Oxidation Reduction Potential (ORP) controllers on spas, wading pools & IWFs  
Automated pH controllers on spas, wading pools & IWFs  
Disinfectant application  $\geq 6$  ppm (mg/L), or  $\geq 12$  ppm, as appropriate per code  
Recirculation system water velocity per code (3, 6 and 10 ft/s)  
Pressure/vacuum gauges, flow meter (+ or - 10%) and valving per code  
Night use if applicable: Above water lights correct foot candle, engineer certified; UW  
light at correct 18" depth / wattage, LEDs must be lumen equivalent  
Pool size and flowrate per code for type of use  
Minimum 15 foot wall to wall clearance  
Floor slope uniform and no greater than 1:10 or meets ADA 1:12  
Floor & wall color white or off-white, and non-slip  
Ladder structure, access and placement correct  
Handrails correctly placed over steps  
Intermediate steps uniform within  $\frac{1}{2}$  inch (treads and risers) with correct tile edges that  
are slip resistant  
Pool top and bottom step no more than 10 inch riser  
Benches in correct location, sized, with correct tile edges that are slip resistant  
Wet deck surfaced correctly and sloped to drain  
Restrooms  $\leq 200$  feet, and food preparation  $\geq 12$  feet from water  
  
Correct numbers of safety equipment (life ring + life hook) and rules sign  
Patron Safety Rules posted appropriately, life hook & ring safety equipment available  
Approved water test kit provided

## FL Dept. of Health Pool Operating Permit Application Sequence

Specific Authority: 514.03(1) & 553.79, FS, effective October 1, 2014

Before pool construction begins:

- 1) Applicant applies to DOH CHD on completed form DH4159 with set of proposed plans/specs, and \$150 fee (*for initial inspection*).
- 2) DOH CHD provides filled-in Application Receipt Letter to applicant to provide to Building Department. With the DOH Application Receipt Letter, the applicant applies to Building Department for construction permit.
- 3) Within 30 days of receipt, DOH CHD\* reviews the submitted operating permit application; and notifies the applicant and the building department of any critical health or safety issues that require correction before a DOH operating permit could be issued.
- 4) Building Department issues construction permit.

DOH CHD waits for pool to be built.

- 5) DOH CHD\* receives written request for initial operating permit engineering inspection from the applicant, the commercial pool contractor, or the design engineer.
- 6) The building department may or may not have conducted its final construction inspection. Whenever possible, the DOH CHD\* should coordinate its initial operating permit engineering inspection with the building department's final construction inspection.
- 7) Where critical health or safety issues\*\* exist, the operating permit shall not be issued. The DOH CHD shall deny the permit and notify the applicant of the violations and the requirement to either correct the violations or apply for a variance.
- 8) Once violations\*\* are corrected or a variance approved, the applicant shall re-apply for the operating permit with a set of "as-built" plans complying with any DOH issued variance and provisos. The DOH CHD\* shall then re-inspect the pool, verify compliance, and issue the initial operating permit to the applicant.
- 9) Building Department issues certificate of occupancy or completion (CO or CC) only after receipt of DOH CHD operating permit issuance notification.

\*For CHDs using EH Bureau Pool Engineering assistance or their delegated CHDs, the application package or inspection request must be routed to appropriate Bureau/ delegated CHD office promptly.

\*\*Critical health and safety issues include items that cannot be corrected without major re-design or reconstruction activities to the pool, or replacement of water treatment equipment.

Note: Modifications use the same sequence, however no DOH fee is charged, and a letter of acceptance is issued by CHD to applicant rather than a new operating permit.

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

<date>

<applicant>

<facility name>

<applicant address>

RE: Receipt of Application for Public Swimming Pool Operating Permit

<facility name>

<facility address>

Dear <applicant>

This is to acknowledge receipt of an application for an operating permit for the above referenced public swimming pool on <date of application>. You have met the preliminary submittal requirements of Chapter 514.03(1), Florida Statutes (FS), and may file an application for a public pool construction permit with your local building authority. The department will review your application for completeness and notify you and the local building authority of any critical health and safety code inconsistencies found in your proposal that must be addressed before an operating permit can be issued. The Florida Department of Health (FDOH) may request additional information within 30 days.

Please provide us with any changes to the application or plans submitted. After construction is completed and prior to opening, FDOH must conduct an initial inspection. Please provide at least 5 working days notice to schedule this inspection. Prior to issuing your operating permit allowing you to open to the public we will require:

1. A set of plans and specifications as approved for construction by the local building authority,
2. A copy of the final inspection from the local building authority as defined in section 553.71, FS.,
3. The annual operating permit fee.

Thank you for your cooperation in this matter. Please contact <name> at the FDOH in <county> at <phone> if you have any questions.

Sincerely,

<name>

<title>

**Florida Department of Health XXXX County**

Environmental Engineering/ Health

YOUR CITY, FL 3XXXX

PHONE: XXXXXXXX FAX: XXXXXXXX

**\*\*www.chd.com\*\***

TWITTER: HealthyFLA

FACEBOOK: FLDepartmentofHealth

YOUTUBE: fldoh