

**THE PUBLIC HEALTH ACT
APPLICATION FOR PERMIT TO OPERATE PUBLIC 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 here of _____

Signature of Applicant or authorized person

Date

FOR OFFICAL USE ONLY

Fee received \$ _____

Date of inspection ____ / ____ / ____

Issued ____ / ____ / ____

Subject to the following conditions
