

**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**

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**FOR OFFICAL USE ONLY**

**Fee received**            \$ \_\_\_\_\_

**Date of inspection**    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Issued**                    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Subject to the following conditions**

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