

**Baldwin County Health Department
P.O. Drawer 369
Robertsdale, AL 36567
Phone (251)947-3618 Fax (251)947-3557**

**APPLICATION FOR A PERMIT TO CONSTRUCT OR REPAIR A
SWIMMING POOL OR SPA
{ } NEW { } REPAIR**

Date _____, 20__

Name of Establishment _____ Phone # _____

Street Address _____ City _____ Zip _____

Name of Owner/Proprietor _____

Mailing Address(if different) _____ City _____ State ____ Zip _____

Manager's Name _____

Name of Pool Contractor _____

Mailing Address _____ City _____ State ____ Zip _____

TYPE OF POOL

{ } Outdoor { } Exercise

{ } Indoor { } Therapy

{ } Wading { } Spa

{ } Water Attraction—Specify _____ Filter Type _____

Gallons of Water _____ Water Supply _____

Construction Material _____

Construction Company Contact Person _____ Phone # _____

I hereby certify that the above statements are true and correct, and I(we) agree to comply with all of the provisions of the Baldwin County Board of Health Rules, and hereby authorize the County Health Officer, the State Health Officer, or their representatives to enter upon the premises of the above named establishment for inspection purposes.

Signed _____ Title _____