

Shelby County Health Department
2000 County Services Drive
Pelham, AL 35242
Phone (205)685-4178 Fax (205)664-3411

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

Date_____, 20____

Name of Establishment_____Phone #_____

Applicant Business Structure is (check one):

____Corporation ____Limited Liability Corporation(LLC) ____*Individual/Sole Proprietorship ____Partnership
____Nonprofit Corporation ____Municipality ____County ____State ____Joint City/County Other_____

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_____

FACILITY CLASSIFICATION

{ } Class A-Competition { } Class B- Public { } Class C-Semi-Public { }Class D- 1 through 6
Wave Action,Activity, Catch Pool, Leisure River, Vortex Pool, Interactive Play Attraction
{ } Class E- Spa, Therapy, Exercise { } Class F-Wading

TYPE OF POOL

{ } Outdoor

{ } Indoor

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 Shelby 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_____