



County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

Application for Water Recreation Facilities Permit

A pool, spa, water feature or waterpark operating in Fairfax County is required to have a current Health Department Permit to Operate. Use this application to apply for a permit for (1) a new pool, spa, water feature or waterpark, or (2) a change in who owns the pool, spa, water feature or waterpark. For new construction or when making renovations to existing construction, please also submit plans, equipment specifications, and an additional plan review fee of \$250.

A Business Professional and Occupational License (BPOL) must be submitted with this application.

Application Type: New Change of Owner Name Change

This application may not be used to renew an existing pool, spa, water feature or water park permit.

POOL/SPA/WATER FEATURE/WATERPARK INFORMATION

POOL/SPA/WATER FEATURE/WATERPARK NAME: _____

Vessel Type: Swimming Pool Therapeutic/Spa Pool Interactive Water Feature Waterpark

Address: _____ City, State, ZIP _____

Will Operate: Year-Round Seasonal from: _____ to _____ Food Service? Yes No
Start Date End Date

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|------------------------------|------------------|---------------------------------------------------------------------------|
| Operational Dates & Hours | M T W Th F Sa Su | Times of Operation: _____ : _____ AM to _____ : _____ AM » _____ Dates |
| | M T W Th F Sa Su | Times of Operation: _____ : _____ AM to _____ : _____ AM » _____ Dates |
| | M T W Th F Sa Su | Times of Operation: _____ : _____ AM to _____ : _____ AM » _____ Dates |

OWNERSHIP INFORMATION

Owner/Proprietor Partnership Corporation

Owner: _____

Address: _____ City, State, ZIP _____

Phone #: _____ - _____ - _____ Fax #: _____ - _____ - _____

Email: _____

POOL MANAGEMENT COMPANY INFORMATION

If self-managed by the owner, please check this box

Company Name: _____

Address: _____ City, State, ZIP _____

Phone #: _____ - _____ - _____ Fax #: _____ - _____ - _____

Email: _____

Payments can be made by cash, credit card, or check. Please make checks payable to County of Fairfax.

All application fees are non-refundable.

Sign and complete back of this form.

Office Use Only

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|---------------------|---------------------|------------------|----------------------|
| PERMIT # _____ | PROJECT # _____ | PAYEE ID # _____ | AMOUNT PAID \$ _____ |
| TRANSACTION # _____ | CASHIER _____ | | DATE PAID _____ |
| APPROVED BY _____ | DATE APPROVED _____ | | |

PREOPENING CHECKLIST

The Preopening Checklist must be completed for a Water Recreational Facility Permit to be issued for a Change of Ownership. Each item must be initialed by the Pool Operator once verified. If you are applying for a new permit, the pre-opening checklist is advisory only.

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| <p>___ Supervision: Rules and Regulations posted.</p> <p>___ Supervision: Required signs posted on deck.</p> <p>___ Water Quality: Disinfection chemical feeder(s) operational, properly sized and supplied.</p> <p>___ Water Quality: Approved chemical test kit properly supplied.</p> <p>___ Water Quality: Water supply free of cross connections.</p> <p>___ Water Quality: Water quality board provided.</p> <p>___ Recirculation System: Filter room information placard posted & specific backwash instructions posted.</p> <p>___ Recirculation System: Filter room- ventilation, lighting, drainage, cleanliness.</p> <p>___ Recirculation System: Pump, motor, hair/lint strainer maintained and operational; extra hair/lint strainer</p> <p>___ Recirculation System: Filter operational; water clarity; piping properly color coded.</p> <p>___ Recirculation System: Minimum flow rate maintained; gauges properly installed and maintained.</p> <p>___ Recirculation System: Backwash line properly drained.</p> <p>___ Recirculation System: Skimmer- baskets, weirs, adjustments, water level.</p> <p>___ Recirculation System: Returns free flowing and properly adjusted.</p> <p>___ Electrical: Satisfactory electrical inspection filed with the Health Department.</p> | <p>___ Safety/Safety Equipment: Diving boards, slides, ladders, guard stand(s) are secure and safe to use.</p> <p>___ Safety/Safety Equipment: Depth markers legible, located and sized properly.</p> <p>___ Safety/Safety Equipment: Lifelines, rescue tubes, and reaching poles provided.</p> <p>___ Safety/Safety Equipment: Hard-wired telephone operational.</p> <p>___ Safety/Safety Equipment: Employee Protection Equipment: apron, eye protection, gloves.</p> <p>___ Safety/Safety Equipment: No hazardous conditions, gates/latches functioning, fencing in good repair.</p> <p>___ Pool/Pool Premises: Drain grates secure.</p> <p>___ Pool/Pool Premises: Decks, coping, grout and caulking in good repair.</p> <p>___ Pool/Pool Premises: Whitecoat in good repair.</p> <p>___ Pool/Pool Premises: Grassed area properly fenced with approved and operational foot showers.</p> <p>___ Pool/Pool Premises: Food confined to approved area.</p> <p>___ Bathhouse: Access to pool through bathhouse, adequate facilities, good repair.</p> <p>___ Bathhouse: Water heater, anti-scalding devices operational and adjusted.</p> <p>___ Bathhouse: Water fountains operational and adjusted.</p> |
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I have inspected the above items and verified conformance with code requirements.

Pool Operator Name

Pool Operator Signature

Date

/ /

Pool Operator Certificate Provider

Send Permit to: Owner Pool Management Co. Pool/Waterpark Hold for pick-up

A Water Recreational Facility Permit will not be issued unless this application meets all the applicable requirements found in the Fairfax County Water Recreational Facilities Ordinance (FC WRFO) and the permit has been signed and approved by the Health Department.

"Owner" as defined in the FC WRFO means "any person or legally authorized representative of any person who owns and leases a water recreation facility, and in whose name the owner's annual or seasonal permit is issued. The person in charge of the water recreation facility shall be deemed to be the designee of the owner."

I hereby certify that I have the authority, as an individual or company, to apply for this permit as the owner of the property. I agree to follow the FC WRFO and ensure that best aquatic safety practices are followed.

Owner/Legally Authorized Representative Name/Title (Print Name/Title)

Owner/Legally Authorized Representative Signature

Date

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- « A fee of \$50 for any check returned for insufficient funds.
- « A late payment penalty of the greater of \$10 or 10% of the account balance, plus interest at the added rate of 10% per annum calculated on all fees and charges paid to the County after the original due date.
- « Pursuant to County policy, delinquent accounts may be placed with a private collection agent to collect all debts. By state law, collection agents may charge debtors an additional collection fee of 20% on all amounts past due. Accounts turned over to collections are also subject to a \$30 administrative collection fee. Collection actions may include wage liens, bank liens, property seizures, court proceedings, and flagging of credit records.