

Fee Received _____
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CARTERET COUNTY HEALTH DEPARTMENT
3820 Bridges St. Morehead City, NC 28557
Phone: 252-728-8499 Fax: 252-222-7753
APPLICATION

Public Swimming Pool Operation Permit

The Carteret County Environmental Health Division shall issue a permit prior to operating any public swimming pool as stated in North Carolina General Statute 130A-281.

Complete one application and compliance sheet for each pool. Annual Permitting Fee: First Pool \$200/ Each Additional Pool \$125. Incomplete applications will not be accepted.

Pool Information

Name of Public Swimming Pool _____
Street Address for Pool Location _____
Gate Code _____
Type of Public Pool: (Check One) Swimming Pool _____ Wading Pool _____ Spa _____ Other _____
Date of Pool Construction or Remodeled: (Check One) Before May 1, 1993 _____ May 1, 1993 or later _____
Date of Fence Construction: (Check One) Before May 1, 2010 _____ May 1, 2010 or later _____
Dates of Operation: Opening Date _____ Closing Date _____
Hours of Operation: Opening Time _____ Closing Time _____

Owner Information

Name _____
Mailing Address _____
Contact Person _____ Phone _____
Email _____

Certified Pool Operator Information

Name of Certified Pool Operator _____
Company Name _____
Mailing Address _____
Email _____ Phone _____
Date of Certification (include copy of certification) _____

I understand that I am required to schedule an inspection with the Carteret County Environmental Health Division a minimum of seven (7) days prior to my proposed opening date and furthermore that no public swimming pool shall commence or continue operation unless the owner or operator has an operation permit issued by the Department for each public swimming pool per 15A NCAC 18A .2510(a). A re-inspection fee of \$30 shall be paid if a revisit is required in order to issue a permit. I have read this application and certify the information provided herein is true, complete, and correct.

Signature _____ Date _____

**** Please complete back of form****