APPLICATION FOR PUBLIC SWIMMING POOL OPERATION PERMIT

Pool information:
Name of public swimming pool: _____________________________________________________
Street address of pool location: _____________________________________________________
City/State/Zip: __________________________________________________________________
Emergency poolside phone number (call boxes not applicable): (______ ) ___________________
Type of public swimming pool (check one): ☐ Swimming pool ☐ Spa ☐ Wading pool
 ☐ Other (describe) __________________________________________________________________

Type of disinfection: ☐ Chlorine ☐ Bromine ☐ Biguanide Is the pool heated? ☐ Yes ☐ No
Water supply: ☐ Well ☐ Municipal Wastewater discharge: ☐ Onsite System ☐ Municipal
Date constructed or remodeled (check one): ☐ Before May 1, 1993 ☐ May 1, 1993 or later
Dates of operation:
 ☐ Seasonal (April 1-October 31)
 ☐ Year Around (one year from date of permit issuance)
Opening date: ______________________ Closing date: ______________________

Daily pool hours of operation: __________________ am/pm to: __________________ am/pm

Operator (on-site manager) information:
Name of pool operator: _________________________________________________________________
Address: _____________________________________________________________________________
City/State/Zip: __________________________________________________________________
Phone number: (______ ) __________________ Email address: ____________________________
Pool operator CPO certificate #: __________________________ (attach certificate)

Owner information:
Name of owner: _________________________________________________________________
Mailing address: __________________________________________________________________
City/State/Zip: __________________________________________________________________
Application submitted by (typed or printed name): __________________________________________________

Signature: __________________________________ Date: __________________

Phone number (_____) __________________ Email address: __________________________________

One application packet per body of water is required. Applications will not be considered received and will not
be processed if packets are incomplete. Packets include:

☐ Completed application
☐ Completed Pool Drain Safety Compliance Datasheet and supporting documentation for each pump system
☐ Certified pool operator documentation
☐ Payment as follows (new rates effective 7/1/2022):
  • Seasonal permit fee per body of water (April 1-October 31): $200.00
  • Year around permit fee per body of water: $250.00

You may submit completed application packets and paperwork to Buncombe County Environmental Health via
email at ehrequest@buncombecounty.org; in person or by mail at 30 Valley St. Asheville, NC, 28801; or by fax at
828-250-6161. Payments can be made in person by either cash, check, money order, or credit card; through the
mail by check or money order; or over the phone if using a credit card at (828) 250-5016. You may also contact
ehrequest@buncombecounty.org or (828)-250-5016 to schedule your inspection or with any questions/concerns
and you will be transferred to your assigned inspector.

Purpose: General Statute 130A-282 requires the Commission for Health Services to adopt rules governing public swimming pools. The rules in 15A NCAC 18A.2500 require the owner or operator to apply annually for an operation permit for each public swimming pool. This form is to allow owners or operators of public swimming pools to apply for permits. Preparation: The information requested on this form is to be completed by the pool owner or a designated representative of the owner. The completed application is submitted to the local health department for the county in which the public swimming pool is located. A separate application must be completed for each public swimming pool.