

Date: _____



JACKSON COUNTY, MISSOURI
AQUATIC VENUE PERMIT APPLICATION
Fee - \$155/Non-Profit Fee - \$30 (per pool type)

New/Proposed Opening Date _____

Change of Owner, Permit Number: _____

Renewal/Permit Number: _____

FACILITY INFORMATION

Name of Facility: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Contact Number: _____ Fax Number: _____

Contact Person: _____ Email Address: _____

Facility Mailing Address: Same as Facility Same as Owner's Below Other (please provide)

Other Mailing Address: _____

City: _____ State: _____ Postal Code: _____

OWNER INFORMATION

Name of Owner(s): _____

Address: _____

City: _____ State: _____ Postal Code: _____

Contact Number: _____ Email Address: _____

Ownership is: Company Corporation/LLC Government
 Individual Religious or Charitable Organization

INSPECTION CONTACT INFORMATION

Name of Pool Manager: _____

Contact Number: _____ Email Address: _____

Name of Pool Primary Contact Person: _____

Contact Number: _____ Email Address: _____

Name of Pool Secondary Contact Person: _____

Contact Number: _____ Email Address: _____

TYPE OF POOL/SPA OWNED BY FACILITY

Note: Please fill out this page for each pool type at the Aquatic Facility.

- Outdoor Swimming Pool
- Indoor Swimming Pool
- Outdoor Spa/Hot Tub
- Indoor Spa/Hot Tub
- Outdoor Wading Pool
- Indoor Wading Pool
- Outdoor Sprayground
- Other: _____

INDIVIDUAL PUBLIC POOL/SPA INFORMATION

Facility Type: _____ Current Permit Number: _____

Operation Period:

Mark all that apply: Open Entire Year Open Seasonal, from: _____ to _____

What days and hours is the facility operational?

- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____
- Saturday _____
- Sunday _____

Pool/Spa Data:

Pool Volume: _____ Gallons Bather Load: _____

Flow Rate: Minimum: _____ Maximum: _____

Number of Life guards Stations: _____

Test Kit Type: _____

Filter Size: _____ Filter Make: _____ Filter Model: _____

Feeder Type: _____

Pump Size: _____ Pump Make: _____ Pump Model: _____

Virginia Graeme Baker Act (VGBA) Cover Model: _____

Secondary Disinfection: _____



I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the swimming pool operation will comply with the **Rules and Regulations Relating to Swimming Pools, Spas and Similar Facilities for Jackson County, Missouri** adopted by the Jackson County legislature.

AQUATIC VENUE PERMIT

- FEE: \$155**
- NON-PROFIT FEE: \$30 (Must include 501(c)3)**

Make check payable to JACKSON COUNTY and send with all required documents to:

JACKSON COUNTY ENVIRONMENTAL HEALTH	
<u>Physical Address</u>	<u>Mailing Address</u>
34900 E. Old US 40 Hwy.	P.O. Box 160
Oak Grove, MO 64075	Grain Valley, MO 64029-0160

Phone: (816) 847-7073 ● Fax: (816) 881-1650

Name (print): _____ Title: _____

Signature: _____ Date: _____

Amount Submitted: _____