



SWIMMING POOL LICENSE APPLICATION

2011

Public Health Division
Dept of Human Services
800 S. Walter Reed Dr.
Arlington, Virginia 22204
Phone (703) 228-7400
Fax (703) 228-7401

Please print or type the information requested below.
Submit a completed application and processing fee to
the address listed.

Please fill out ONE application FOR EACH body of water.

To be completed by owner of pool facility only.

Check one

New Swimming Pool

License Renewal

Name Change

Change of Owner

Swimming Pool Name		Phone (703)
Swimming Pool Address		Fax ()
City	Arlington	State Virginia
Corporation Name		Zip Code
Swimming Pool Mailing Address (if different)		Phone ()
City		Fax ()
State		Zip Code
Owner's Name		Title
Address		Phone ()
City		Fax ()
State		Zip Code

Owner of pool facility Signature & Title	Date
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Year Round Pool Seasonal Pool Opening Date: _____

Facility Type: Main Pool Wading Pool Spa Pool Diving Pool IWF

Hours of Operation: Monday through Friday Open _____ Close _____
 Saturday and Sunday Open _____ Close _____

To be completed by Pool Management Company only (if applicable). **Pool Management companies do not sign application.**

Name		Phone ()
Address		Fax ()
City	State	Zip Code

By signing this statement you, the facility owner, attest to the accuracy of the information provided in the application and that you will comply with the Swimming Pool and Spa Ordinance, Chapter 24, of the Arlington County Code.

Official Use Only	Receipt#: _____
Posted: _____	Healthspace Entered by/Date: _____