



# Interior Health

## HEALTH PROTECTION

### APPLICATION FOR POOL CONSTRUCTION &/OR OPERATING PERMIT

Name of Pool Facility		Date
Site Address		City
<b>Notes:</b> • <b>A CONSTRUCTION</b> permit is required by the Public Health Act, Pool Regulation for new pools and alteration to existing pools and must be obtained before construction occurs. A BC Registered Professional is retained to coordinate the proposed construction, renovation, or alteration of a proposed or existing pool facility. The responsibilities designated under the Pool Regulation to a Registered Professional cannot be delegated to the owner or owner representative.  • <b>An OPERATING</b> permit is required before the pool is open for use.		
<b>What are you applying for?</b> <i>Check all that apply:</i> <input type="checkbox"/> Construction Permit(s) <input type="checkbox"/> Operating Permit(s) <input type="checkbox"/> I need to change the name of the Legal Owner <input type="checkbox"/> I need to change the name of the pool facility. What was the previous name of the pool facility?		<b>Why are you applying?</b> <input type="checkbox"/> New Pool(s) <input type="checkbox"/> Replacement or Alteration work <input type="checkbox"/> Changes to the pool facility information (ownership, contacts)
<b>Legal Owner</b>		
Type of Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Society		
Legal Owner Mailing Address:		City
Owner Email		Postal Code
Owner Phone	Owner Cell	Owner Fax
<b>How many pools are included in this application?</b> *Note they must be at the same location and under the same ownership. Ask for clarification. List all the pools involved in this application and their months of operation.		
<b>Pool #1Name</b>		Months of Operation: <input type="checkbox"/> All Year or <input type="checkbox"/> Seasonal Open from (month) to (month)
<input type="checkbox"/> Commercial <input type="checkbox"/> Public Pool <input type="checkbox"/> Hot Tub <input type="checkbox"/> Wading Pool <input type="checkbox"/> Circulating Spray Pool <input type="checkbox"/> Non-circulating Spray Pool		
<b>Pool #2Name</b>		Months of Operation: <input type="checkbox"/> All Year or <input type="checkbox"/> Seasonal Open from (month) to (month)
<input type="checkbox"/> Commercial <input type="checkbox"/> Public Pool <input type="checkbox"/> Hot Tub <input type="checkbox"/> Wading Pool <input type="checkbox"/> Circulating Spray Pool <input type="checkbox"/> Non-circulating Spray Pool		
<b>Pool #3Name</b>		Months of Operation: <input type="checkbox"/> All Year or <input type="checkbox"/> Seasonal Open from (month) to (month)
<input type="checkbox"/> Commercial <input type="checkbox"/> Public Pool <input type="checkbox"/> Hot Tub <input type="checkbox"/> Wading Pool <input type="checkbox"/> Circulating Spray Pool <input type="checkbox"/> Non-circulating Spray Pool		
<b>Pool #4Name</b>		Months of Operation: <input type="checkbox"/> All Year or <input type="checkbox"/> Seasonal Open from (month) to (month)
<input type="checkbox"/> Commercial <input type="checkbox"/> Public Pool <input type="checkbox"/> Hot Tub <input type="checkbox"/> Wading Pool <input type="checkbox"/> Circulating Spray Pool <input type="checkbox"/> Non-circulating Spray Pool		

**PART A - CONSTRUCTION PERMIT APPLICATION** *(Skip this section and go to Part B if you are not constructing a pool)*

BC Registered Professional : (Name)			
<i>A registered professional means:</i> •a person registered or licensed to practice as an architect under the Architect's Act; or •a person registered to practice as a professional engineer under the Engineers and Geoscientist's Act			
Address			City
Email			Postal Code
Phone	Cell		Fax
Other Professionals Involved			
	Structural	Mechanical	Architect
Name			
Company			
Email			
Phone			
Fax			
Description of proposed works : (i.e. water slides, spray features, rope swings etc)			
Is a waterslide associated with the proposed construction? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , include design details for approval if the •flume length is less than 30.5 m; •tower is less than 3.05 m; or •flow rates are less than 3.6 m/sec		Note: If the proposed waterslide construction does not meet the bulleted criteria, obtain approval from BC Safety Authority. Reference the <i>Safety Standards Act – Elevating Devices Safety Regulation Section 18.2 a</i>	
Proposed Construction Start Date		Proposed Date of Completion	
What is the approximate value of the project?			

**Submission Information Requirements:**

- a) Include pool data sheets for each pool
- b) Please attach an electronic copy of stamped and sealed engineering drawings.
- c) The design is wholly the responsibility of the design engineer
- d) Submit the completed application, with required attachments, to [engineeringdirect@interiorhealth.ca](mailto:engineeringdirect@interiorhealth.ca)

Engineering Direct  
 Penticton Health Protection, Suite 105 - 550 Carmi Avenue, Penticton, V2A 3G6  
 Phone: 1-855-743-3550

## PART B - OPERATING PERMIT APPLICATION

Pool Operator		
Address		City
Email		Postal Code
Phone	Cell	Fax
What is the name of Water Supply serving the facility pool(s): Does this water supply have an operating permit issued by Interior Health? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### FEES

Billing Address	<input type="checkbox"/> Same as Owner Address
City	Postal Code
Billing Contact	Phone

The personal information collected is necessary for program operation per Section 26 of the *Freedom of Information and Protection of Privacy Act*. Information that appears on a permit may be disclosed per Section 22(4)(i) of the Act. If you have any questions about the collection and use of this information, please contact the Engineering Office.

Submitted by (Please Print)	Signature
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Submit the completed application, with required attachments, to [engineeringdirect@interiorhealth.ca](mailto:engineeringdirect@interiorhealth.ca)

If you have questions about the Construction Permit application contact:

**Engineering Direct**, Penticton Health Protection  
Suite 105 - 550 Carmi Avenue, Penticton, BC V2A 3G6  
Phone: 1-855-743-3550

If you have questions about the Operating Permit application contact an Environmental Health Officer. If you are making changes to an existing pool, please submit your information to the local Environmental Health Officer.

Office USE Only		
Facility Number(s)	Submission Date	
PHE	Resubmission	
EHO	Revision Number	
Does the construction impact the Operating Permit fee? <input type="checkbox"/> Yes <input type="checkbox"/> No	CP Number	
Change Reasons: <input type="checkbox"/> New Application <input type="checkbox"/> Change of Facility Name Previous Name	<input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change Facility Category Style	<input type="checkbox"/> Months of Operation <input type="checkbox"/> Reduction of Fees (multi-premises) <input type="checkbox"/> Change of Fees
Payment Method	<input type="checkbox"/> Debit	<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Cheque