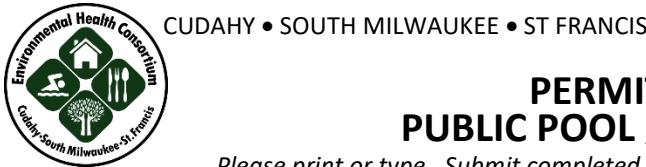


Estab#	DATCP#	Date Processed:	Amount Paid: \$
License Category:		License Date:	Check#:

FOR OFFICE USE

Acct#: 320-00000-43575

ENVIRONMENTAL HEALTH CONSORTIUM



CUDAHY • SOUTH MILWAUKEE • ST FRANCIS

SOUTH MILWAUKEE HEALTH DEPARTMENT

2424 15TH AVENUE

SOUTH MILWAUKEE, WI 53172

PH (414) 768-8055 · FAX (414) 768-5720

EHCLicensing@smwi.org · www.smwi.org

PERMIT APPLICATION PUBLIC POOL / WATER ATTRACTION

Please print or type. Submit completed application (signed and dated) and applicable fees to the address above.

Application is for: New Establishment Change of Operator Remodel/Modification Risk Change

Establishment Name/DBA:	Establishment Telephone:
Establishment Address:	
Billing Street Address, City, State & Zip Code (if different than above):	
Primary Contact (Operator/Manager):	Primary Contact Telephone:
Primary Contact Email:	Fax:
Legal Entity (check one): <input type="checkbox"/> Sole Proprietor (Individual) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation/LLC* <input type="checkbox"/> Nonprofit Organization <small>*If licensed as a corporation, it must be registered with the State of Wisconsin Department of Financial Institutions.</small>	
Legal Licensee:	Legal Licensee Telephone:
Licensee Street Address, City, State & Zip Code:	
Name of Corporate Contact/Agent (if applicable):	
Corporate Contact/Agent Email:	Fax:
WI Seller's Permit Number:	Name as it appears on Seller's Permit:
Operation: <input type="checkbox"/> Year-Round <input type="checkbox"/> Summer Season <input type="checkbox"/> Winter/School Season	Hours: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening <input type="checkbox"/> Weekend
Name of Certified Pool Operator / Pool Management Co:	Email:
Phone:	Address:

PLEASE CHECK THE APPROPRIATE CATEGORY

ESTABLISHMENT TYPE:	FEES	
PUBLIC POOL/WATER ATTRACTION	ANNUAL PERMIT	PRE-INSPECTION (new construction/change of operator or risk/renovation)
<input type="checkbox"/> Pool/Attraction – Simple	\$ 300.00	\$ 244.00
<input type="checkbox"/> Pool/Attraction – Simple with Features	\$ 432.00	\$ 244.00
<input type="checkbox"/> Pool/Attraction – Moderate	\$ 400.00	\$ 244.00
<input type="checkbox"/> Pool/Attraction – Moderate with Features	\$ 532.00	\$ 244.00
<input type="checkbox"/> Pool/Attraction – Complex	\$ 475.00	\$ 244.00
<input type="checkbox"/> Pool/Attraction – Complex with Features	\$ 607.00	\$ 244.00

CHECKS OR MONEY ORDERS MADE OUT TO: CITY OF SOUTH MILWAUKEE Total: \$

Signature of Licensee X

Today's Date X

POOL DETAILS

Pool or Attraction Basin Type		Features	Number Installed
<p>Select all that apply for this basin:</p> <input type="checkbox"/> Swimming pool <input type="checkbox"/> Leisure River <input type="checkbox"/> Diving pool <input type="checkbox"/> Vortex pool <input type="checkbox"/> Combination pool (swimming & diving) <input type="checkbox"/> Wave pool <input type="checkbox"/> Whirlpool / Spa <input type="checkbox"/> Zero-Depth Entry pool <input type="checkbox"/> Wading pool <input type="checkbox"/> Water/Pool Slide <input type="checkbox"/> Therapy pool <input type="checkbox"/> Children's Slide <input type="checkbox"/> Cold Soak pool <input type="checkbox"/> Plunge Pool <input type="checkbox"/> Exercise pool <input type="checkbox"/> Drop Slide <input type="checkbox"/> Activity pool <input type="checkbox"/> Run-out Slide		<p>Select all that apply for this basin:</p> <input type="checkbox"/> Extra Deep Pool <input type="checkbox"/> Extra Large Pool <input type="checkbox"/> Pool Slide <input type="checkbox"/> Waterslide <input type="checkbox"/> Vanishing Edge <input type="checkbox"/> Swim-Up Bar <input type="checkbox"/> Current Generator <input type="checkbox"/> Wave Generator <input type="checkbox"/> Vortex Generator <input type="checkbox"/> Spray Feature <input type="checkbox"/> Pad Walk <input type="checkbox"/> Diving Board <input type="checkbox"/> Treadmill <input type="checkbox"/> Basketball Hoop <input type="checkbox"/> Volleyball Net <input type="checkbox"/> Climbing Wall <input type="checkbox"/> Tethered Floatable type: <input type="checkbox"/> Un-Tethered Floatable type: <input type="checkbox"/> Other Feature type:	
Date of Construction:	Pool Location: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		
Max Patron Load:	Pool Area (sq ft):	Pool Volume (gal):	Turnover Rate (hr):
Filtration System Type:	Disinfectant or Sanitizer Type:		
<input type="checkbox"/> Sand <input type="checkbox"/> Bromine <input type="checkbox"/> Chlorine-	<input type="checkbox"/> Diatomaceous Earth <input type="checkbox"/> Chlorine-Erosion <input type="checkbox"/> Calcium Hypochlorite	<input type="checkbox"/> Cartridge <input type="checkbox"/> Chlorine-Liquid <input type="checkbox"/> Other:	<input type="checkbox"/> Other: <input type="checkbox"/> Chlorine-Gas
Recirculation System: <input type="checkbox"/> Single basin <input type="checkbox"/> Shared with other basin(s)			
Agitation/Jet Pump: <input type="checkbox"/> Single basin <input type="checkbox"/> Shared <input type="checkbox"/> None			
Overflow Type: <input type="checkbox"/> Gutters <input type="checkbox"/> Skimmers <input type="checkbox"/> Other:			
Entrapment Prevention: <input type="checkbox"/> Safety Vacuum Release System (SVRS) <input type="checkbox"/> Reverse Flow <input type="checkbox"/> Gravity Drain			

DETAILS OF OPERATION

Electronic monitoring device/controller is installed and functioning?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Flow sensing interlock(s) are installed and functioning?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Chemical feeder interlock(s) are installed and functioning?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are drains and/or equalizers Virginia Graeme Baker Act (VGBA) compliant?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Will lifeguards be required?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Will instructional programs be offered?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If "Yes", is the instructional programs staffed by a lifeguard?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Will any food or beverages be offered?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you had a public pool license previously?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
How long ago?		
Have you ever had a public pool license suspended or revoked?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If "Yes", please describe briefly:		
Does the pool currently have or require a variance?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If "Yes", please describe briefly:		

CONSTRUCTION OR CHANGES

New construction or renovation plans must be approved by Wisconsin Department of Safety and Professional Services (dsps.wi.gov)

Are you planning any construction, remodeling or equipment changes?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If "Yes", check all that apply:	<input type="checkbox"/> New construction	<input type="checkbox"/> Renovation or remodeling interior
	<input type="checkbox"/> Changes to construction	<input type="checkbox"/> Equipment changes
Provide a brief description of the changes:		
Name, Address & Phone Number for Architect:		
Name, Address & Phone Number for Contractor:		