

APPLICATION FOR RECREATIONAL WATER FACILITY

COMPLETE ONE APPLICATION IN FULL FOR EACH POOL IN YOUR FACILITY

The personal information collected relates directly to and is necessary for program operation per Section 26 of the Freedom of Information and Protection of Privacy Act. Information that appears on a licence may be disclosed per Section 22(4)(i) of the Act, as it is not considered an unreasonable invasion of personal privacy. If you have any questions about the collection and use of this information, contact the Vancouver Island Health Authority Information & Privacy Office at (250)370-8323.

PLEASE PRINT WHERE POSSIBLE

STATUS	NEW <input type="checkbox"/> NEW FACILITY <input type="checkbox"/> NEW LOCATION <input type="checkbox"/> NEW OWNERSHIP AMENDMENT <input type="checkbox"/> CHANGE TO FACILITY		
RECREATIONAL WATER FACILITY	FACILITY NAME _____ FACILITY LOCATION ADDRESS _____ CITY _____ POSTAL CODE _____ TELEPHONE _____ FAX _____ EMAIL _____ FACILITY MAILING ADDRESS <input type="checkbox"/> SAME AS FACILITY OR: _____ SEND INVOICE TO <input type="checkbox"/> SAME AS FACILITY OR: _____		
FACILITY'S REGISTERED <input type="checkbox"/> OWNER(S) OR <input type="checkbox"/> LEASEE(S)	REGISTERED OWNER/LEASEE NAME _____ <input type="checkbox"/> SOLE PROPRIETOR MAILING ADDRESS _____ <input type="checkbox"/> PARTNERSHIP CITY _____ POSTAL CODE _____ <input type="checkbox"/> INCORPORATED TELEPHONE _____ FAX _____ EMAIL _____		
FACILITY MANAGER / CONTACT	CONTACT NAME _____ POSITION _____ TELEPHONE _____ FAX _____ ADDRESS _____		
OWNER'S AGENT (Contractor, Property Manager, Lawyer, Developer, Realtor)	AGENT'S NAME _____ POSITION _____ ADDRESS _____ CITY _____ POSTAL CODE _____ TELEPHONE _____ FAX _____ EMAIL _____		
SEASONAL FACILITIES	NUMBER OF MONTHS OPEN OR OPERATING DURING YEAR (INCLUDE PARTIAL MONTHS) _____ MONTHS OPEN <input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC		
POOL DETAILS (Complete Sections 1, 2 & 3)	① ACTUAL SIZE _____ m ² MAX. DEPTH _____ m <input type="checkbox"/> POOL (> THAN 19 m ² AND > 0.61m deep) <input type="checkbox"/> POOL (< 19 m ² AND > 0.61m deep) <input type="checkbox"/> POOL (< 0.61 m deep)	② INDICATE POOL DESCRIBED <input type="checkbox"/> SWIMMING (RSP) <input type="checkbox"/> THERAPY (RTP) <input type="checkbox"/> WADING POOL (RWP)	③ ADDITIONAL FEATURES OF POOL DESCRIBED <input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR <input type="checkbox"/> WATER SLIDE <input type="checkbox"/> MOTION POOL (WAVE etc.) <input type="checkbox"/> OTHER _____
ADDITIONAL SYSTEM INFORMATION	FILTRATION TYPE <input type="checkbox"/> SAND <input type="checkbox"/> DIATOMACEOUS EARTH (D.E.) <input type="checkbox"/> OTHER _____ DISINFECTION TYPE <input type="checkbox"/> BROMINE <input type="checkbox"/> OZONE <input type="checkbox"/> CHLORINE <input type="checkbox"/> OTHER _____ DOES YOUR FACILITY USE GASEOUS CHLORINE? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THERE AN OPERATION AND MAINTAINENCE SCHEDULE? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THERE AN EMERGENCY PROCEDURES PROTOCOL? <input type="checkbox"/> YES <input type="checkbox"/> NO		
VERIFICATION	APPLICANT SIGNATURE _____ DATE DD / MMM / YYYY I hereby certify that the information set out by me in this application is true and correct to the best of my knowledge and belief. I acknowledge that it is an offence to supply false or inaccurate information on this application. PRINT NAME _____ PLANS INCLUDED <input type="checkbox"/> YES <input type="checkbox"/> NO PROPOSED OPENING DATE _____		

You are required to complete and submit a "Building/Property Information Sheet" with this application.

FOR OFFICIAL USE ONLY

	DATE	INITIALS	
REC'D from Customer			FACILITY TYPE _____ Init. _____
POSTED			FACILITY # _____
SENT TO P.H. ENGINEER			AMOUNT PAID _____
APPROVED BY P. H. ENGINEER			METHOD OF PAYMENT _____
SENT TO M.H.O./EHO			
APPROVED BY M.H.O./EHO			
PERMIT SENT			