



Chester County Health Department Public Bathing Place Application

Please refer the Chester County Health Department Rules and Regulations ([§602 Public Bathing Places](#)) regarding public bathing places before making this application. The application must be returned with the applicable application fee. A Pool Facility is a discrete body of water intended for swimming having its own independent circulation, filtration and disinfection system. Make check or money order payable to: "Treasurer of Chester County". Do not send cash.

The application fee is based on the following equation: A Base Fee of \$100.00, plus \$50.00 for every additional filtration system; **the fee for this Pool Establishment is \$ _____**

Acceptable Methods of Payment: American Express, Discover, MasterCard and VISA are accepted in person at our West Chester office. (Credit card vendor charges a 2.25% convenience fee, \$2.00 minimum.) Checks made out to "Treasurer of Chester County" are also accepted and can be mailed along with application to: Chester County Health Department, 601 Westtown Road, Suite 288, PO Box 2747, West Chester, PA 19380-0990.

This application must be received at least one month prior to the expiration date of the existing certificate. **A late charge of \$50.00 will be assessed to applications received after the due date.** This certificate is not transferable.

Facility Information

Pool Establishment Name _____ Phone _____

Site Address _____
 Same Address Street _____ City _____ State _____ Zip Code _____

Mailing Address _____
 Street _____ City _____ State _____ Zip Code _____

Municipality _____ Date Outdoor Season Begins _____ Estimated Bathers per day _____

Source of Pool Water _____ Type of Sewerage System _____

Daily Hours of Operation _____

Pool Facility Name	Location

Operator's Information

Operator's Business Designation _____

Phone _____ E-Mail _____

Contact Person _____

I, _____ certify that the facts set forth on this application are true and correct to the best of my knowledge and I understand that the submission of false or misleading information is grounds for legal action.

 Signature of Operator or Authorized Agent Title Operator or Authorized Agent Date:

For Dept. Use Only					
Payment Received: _____	Receipt # : _____	Date: _____	Expires: _____	Global ID # : _____	