



**STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR A SWIMMING POOL EXEMPTION STATUS
MORE THAN 32 UNITS**

This form is to be completed and submitted in duplicate, along with supporting documentation as necessary to the appropriate health department

1. Name of Pool _____

Location of Pool _____

Permit number _____ Date of issuance _____

2. Name of Owner _____ Phone Number () _____

Mailing Address _____ City _____ State _____ Zip _____

3. **THIS POOL MEETS THE FOLLOWING CONDITIONS FOR EXEMPTION QUALIFICATION:**

A. The condominium or cooperative association's recorded documents prohibit the rental or sublease of units for periods of less than sixty (60) days. ☐ Yes ☐ No
(Attach supporting documentation, identification and description of units)

B. The pool safety equipment will be maintained such that the life ring(s) with rope attached and the shepherd hook(s) attached to a 16 foot one piece pole are mounted in a conspicuous place and are readily available for use. ☐ Yes ☐ No

C. The water quality of the pool will be maintained as follows: ☐ Yes ☐ No
(1) The pool water has at least 1.0 mg/L free active chlorine residual or 1.5 mg/L bromine residual.
(2) Spa pool water shall have not less than 2 mg/L free active chlorine residual, or 3 mg/L bromine residual.
(3) The pH range of the water shall be maintained between 7.2 and 7.8.
(4) The water clarity shall be such as to be able to clearly see the main drain from the pool deck._

CERTIFICATION OF OWNER

The undersigned owner, or owner's representative, certify that this pool qualifies for exemption from supervision under Chapter 514, Florida Statute, and Chapter 64E-9 Florida Administrative Code, except for water quality and life saving equipment conditions listed above. Additionally the owner or owner's representative understands that an annual inspection fee as established in Chapter 514 Florida Statutes and Chapter 64E-9 Florida administrative code must be paid to the appropriate county health department to cover the cost of an annual inspection. If the exemption conditions change to eliminate the exemption status, this pool will be modified as necessary to comply with the provisions of the Chapter 64E-9 of the Florida Administrative Code.

It will be the owner's responsibility to inform any future owners of the conditions for this exemption status.

Signature _____ Date _____

Name/Title _____
Please print or type

It is recommended that exemption status be ☐ granted ☐ denied, subject to the provisions of the Florida Administrative Code

DOH Engineer / Environmental Specialist

Print Name