



Health and
Wellness

Santé et
Mieux-être



PO Box 2000, Charlottetown
Prince Edward Island
Canada C1A 7N8

C.P. 2000, Charlottetown
Île-du-Prince-Édouard
Canada C1A 7N8

Application for Swimming Pool Operating Permit

Name of Pool: _____

Complete Mailing Address: _____

Operator's Name _____ Ph: _____

Email Address: _____

Location (if different from mailing address): _____

Class of Pool (check as appropriate): Renewal _____ New _____

CLASS A (public) CLASS B (semi-public) CLASS C (water fun park)

Operating Status:

YEAR ROUND _____ SEASONAL _____ START DATE: _____

Pool Capacity _____

Personal information on this form is collected under the authority of the Public Health Act, Chapter P-30.1, Sections 55 and 58 and the Public Health Act Swimming Pool and Waterslide Regulations, Chapter P-30.1, Section 4 as it relates to the operation of a swimming pool and waterslide. If you have any questions about the collection or use of this personal information, you may contact the Manager, Environmental Health, at 902-368-4792 or toll free at 1-800-958-6400

Return or fax applications to:

**Environmental Health
PO Box 2000
Charlottetown, PE C1A 7N8
PH: 368-4970 / FAX: 368-6468**