

## **Loudoun County Health Department**

Mail to: P.O. Box 7000 MSC #68 Leesburg, VA 20177-7000

Location: 1 Harrison St. SE Leesburg, VA 20177 (703) 777 - 0234

www.loudoun.gov/pools

## **Swimming Pool Permit Application**

_									Seasonal
Pool Name :							Open date From:To:		
Physical Address: or Emergency Call I									Zip:
								\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
				_				n) Lap/Co	
Name of S	ubdivision o	or Commu	nity Associa	tion if appli	cable:				
Legal Own	ier:								
Legal Owner:Address:					City:	City:			Zip:
Contact Name:									
Property Manager/HOA:							Email:		
Billing Address:									
Onsite contact: F					Phone:	Phone:			
Pool Mana	agement Co	mnanv <sup>.</sup>					Phone:		
Pool Management Company:City:									
·									
Name of Lo	oudoun Cou	unty appro	ved CPO Co	ourse:					
CPO tra	nining cours	e is currer	ntly listed as	approved b	y Loudoun (	County ww	/w.loudoun.	gov/pools	
				Но	urs of Op	eration			
Regular Se	eason:	Mon	Tues	Wed	<u>Thurs</u>	<u>Fri</u>	Sat	Sunday	<u>FEES</u>
Open									Seasonal \$220
Close									Year Round \$330
School Ho	urs:								*Make checks payable to
Open									County of Loudoun
Close									
		_	•	•	ible for oper www.loudou	_		I managing in	accordance with the
Legal Owner Name:						- Signature:			
Title:						_ Date:			