



**Florida Department of Health
Lee County
Environmental Engineering**

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**APPLICATION FOR
RESURFACING/REDECKING OF COMMERCIAL POOL/SPA**

Name of Pool or Spa: _____

Address: _____

Permit Number: _____

Manufacturer & Model # of Main Drain Grate Replacement: _____

Contact Person: _____ Telephone #: _____

Pool Contractor: _____ License#: _____

Pool Contractor Address: _____

Date work scheduled to begin: _____

Detailed work proposed to be done: _____

Rule 64E-9.005(2)(h) states that the County Health Department shall be notified in writing of any proposed pool resurfacing or upgrades to decking at least 10 days prior to commencement. The notification shall include an itemized list of all proposed work that is to be performed, the license number of the contractor selected and shall indicate that all work will meet the requirements of paragraphs 64E-9.005(2)(a) through (g), F.A.C., outlined on back page.
Upon completion of the work, the licensed contractor shall provide the County Health Department a letter bearing their license number which certifies that the work was completed in accordance with paragraphs 64E-9.005(2)(a) through (g), F.A.C.

There is a \$100.00 resurfacing fee payable to: Lee County Health Department

I certify that above information is accurate to the best of my knowledge.

Signature _____ Date _____