

Department of Public Health

Dottie-Kay Bowersox, MSA
Public Health Administrator

730 Washington Avenue
Racine, Wisconsin 53403
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Website: www.cityofracine.org/Health
Email: publichealth@cityofracine.org

Environmental Health Division
262-636-9203

Community Health Division
262-636-9431

Laboratory Division
262-636-9571

APPLICATION FOR POOL AND WATER ATTRACTIONS PERMIT

Pursuant to Municipal Code Chapter 22

Return application with payment to the City of Racine Department of Customer Service
730 Washington Ave, Room 103, Racine, WI 53403 – Make checks payable to "CITY OF RACINE"

NAME OF PERMITTEE (INDIVIDUAL, LLC, CORP, INC, ETC.)	ESTABLISHMENT NAME (DBA)
MAILING ADDRESS	CITY, STATE, ZIP CODE
ESTABLISHMENT ADDRESS	CITY, STATE, ZIP CODE
NAME OF CONTACT, TITLE	NAME OF LOCAL CONTACT IF DIFFERENT, TITLE
CONTACT PHONE NUMBER	ESTABLISHMENT PHONE NUMBER
CONTACT EMAIL ADDRESS	ESTABLISHMENT EMAIL ADDRESS
Are you planning on remodeling? <input type="checkbox"/> YES* <input type="checkbox"/> NO * If yes, provide construction plans.	

1. Will your pool have a water attraction? ☐ Yes ☐ No

Water attraction means a pool with design and operational features that provide a patron recreational activity other than conventional swimming that involves partial or total immersion of the body, including an activity pool, interactive play attraction, leisure river, plunge pool, vortex pool, vanishing edge pool, waterslide, run-out slide, drop slide, pool slide, wave pool, zero-depth entry pool, and any public pool with features except wading pools.

2. Do you have a Certified Pool Operator? ☐ Yes ☐ No

Certified Pool Operator means an operator who is certified by successful completion of the Pool and Hot Tub Alliance certified pool operator course OR the National Recreation and Park association aquatic facility operator course.

If yes, provide:

Name	
License #	
License Expiration	
Company	

3. Are you aware of the Virginia Graeme Baker Pool and Spa Safety Act (VGBA) and requirements? ☐ Yes ☐ No

The VGB Act requires that drain covers must comply with entrapment protection requirements specified by the joint American Society of Mechanical Engineers (ASME) and American National Standards Institute (ANSI). Supporting documentation must be provided.

4. Anticipated opening date: _____

5. Proposed months of operation:

Month	Open/Closed	Month	Open/Closed
January		July	
February		August	
March		September	
April		October	
May		November	
June		December	

6. Proposed hours of operation (Include A.M. or P.M.):

Day of the Week	Open	Close
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

COMPLEXITY

Simple
Simple with Features
Moderate
Moderate with Features
Complex
Complex with Features

Complexity Type	
Determined by Sanitarian (Initial/Date)	
Pre-Inspection Fee	\$ _____
Permit Fee	\$ _____
Other Fees (if applicable)	\$ _____
Total Paid \$ _____	