



STATE OF FLORIDA
DEPARTMENT OF HEALTH
Operating Permit

Swimming Pools - Public Pool > 25000 Gallons

50-60-01116

50-BID-8470038

Issued To: Huntington Lakes IV
7351 Amberly Lane
Delray Beach, FL 33446

County: **Palm Beach**
Amount Paid: \$300.00
Date Paid: 05/13/2026
Issued Date: 07/01/2026

Expires On: 06/30/2027

Mail To: Seacrest Services, Inc.
2101 Centrepark West Drive, Suite 110
West Palm Beach, FL 33409

Issued By:
Department of Health in Palm Beach County
P.O. Box 29
West Palm Beach, FL 33402-0029

(561) 837-5903

Owner: Huntington Lakes IV
File Number: 2115

Pool Volume (gallons): 78,400

Bathing Load: 48

Flow Rate (gpm): 240

Night Swimming: No

Original Customer: Huntington Lakes IV (NON-TRANSFERABLE)

DISPLAY CERTIFICATE IN A CONSPICUOUS PLACE



STATE OF FLORIDA
DEPARTMENT OF HEALTH
Operating Permit

Swimming Pools - Public Pool > 25000 Gallons

50-60-01116

50-BID-8470038

Issued To: Huntington Lakes IV
7351 Amberly Lane
Delray Beach, FL 33446

County: **Palm Beach**
Amount Paid: \$300.00
Date Paid: 05/13/2026
Issued Date: 07/01/2026

Permit Expires On: 06/30/2027

Mail To: Seacrest Services, Inc.
2101 Centrepark West Drive, Suite 110
West Palm Beach, FL 33409

Issued By:
Department of Health in Palm Beach County
P.O. Box 29
West Palm Beach, FL 33402-0029
(561) 837-5903

Owner: Huntington Lakes IV
File Number: 2115



Florida Department of Health
in Palm Beach County
Notification of Fees Due

For: Swimming Pools

Notice: This bill is due and payable in full upon receipt and must be received by the local office by 06/30/2026. A late fee of \$35 per permit will apply after the permit expiration date.

Mail To:

Seacrest Services, Inc.
2101 Centrepark West Drive, Suite 110
West Palm Beach, FL 33409

Permit Number :	Bill ID:	Current Fee:	Past Due:	Balance:
50-60-01116 Huntington Lakes IV 7351 Amberly Lane, Delray Beach	50-BID-8470038	\$300.00	\$0.00	\$300.00
Total Account Balance Due:				\$300.00

Now 3 ways to pay; Online, by Phone, or by Check:

Pay Online with a bank account or credit card at: www.MyFloridaEHPermit.com

Pay by Phone with a credit card; we accept American Express, Discover, Mastercard and Visa. (561) 837-5903(Payments Only)

Or, if paying by Check, make checks payable to: FDOH in Palm Beach County and mail invoice with payment to:

Florida Dept. of Health in Palm Beach County
Attn: Environmental Health
P.O. Box 29
West Palm Beach, FL 33402-0029

For change of Mailing/Manager, update below and return with payment, or email to Melinda.Collins@flhealth.gov

IF CORRECTIONS ARE NEEDED - Please complete and return with your payment:

1. Facility Name: Huntington Lakes IV
Address of Pool: 7351 Amberly Lane
City: Delray Beach Zip: 33446

2. Owner Name: Huntington Lakes IV
Owner E-Mail:
Phone: (561) 697-4990 / ()

3. Current Mailing / Manager Information for Billing and Permits:

Name: Seacrest Services, Inc.
Attn:
Address 2101 Centrepark West Drive, Suite 110
City, State, Zip West Palm Beach, FL 33409

Updated Mailing / Manager information:

Name: _____
Attn: _____
Address _____
City, State, Zip _____

CERTIFICATION OF OWNER

The undersigned owner, or owner's representative, hereby agrees to operate the pool described in this application in accordance with the requirements of Chapter 514 of the Florida Statutes (F.S.), and Chapter 64E-9 of the Florida Administrative Code, and maintain the original construction approved under the Florida Building Code by the jurisdictional building department. This agreement includes keeping a daily record of the information regarding pool operation on the monthly report form furnished by the department or on other forms approved by the department and when requested, submission of the completed form to the appropriate county health department.

Sign: _____ Date: _____
Name: _____ Title: _____
(Print or type) (Print or type)