



APPLICATION FOR PUBLIC SWIMMING POOL OPERATIONAL PERMIT

**COBB & DOUGLAS
PUBLIC HEALTH**

DHD NO: _____

Name of Swimming Pool/ Spa: _____

Facility Telephone #: _____ Pool Volume (gallons): _____

Facility Address: _____
Street No. and Name Suite # City Zip Code

Billing Contact Name or Dept. _____ **Billing Phone #:** _____

Billing Company Name: _____

Billing Address: _____
Street No. and Name Suite # City Zip Code

Owner's Name: _____ Owner's Phone #: _____

Owner's Address: _____
Street No. and Name Suite # City Zip Code

Local Contact: _____ Title: _____

Business Owner's Name to Appear on Permit :
(The business owner's name or corporation name as it appears on the business license)

Check (or X) Appropriate One:

Seasonal Operation: (Open for spring summer season only) Yearly Operation: (Open all year long. Most common with indoor pools/ spas)

The undersigned hereby applies for a Swimming Pool Operational Permit pursuant to the Cobb Public Health Rules and Regulations; adopted pursuant to the OCGA 15-5. You may obtain a copy of the Rules and Regulations for Swimming Pools by contacting our office or by accessing our website: www.cobbanddouglaspublichealth.org . You are responsible for compliance with all provisions therein.

Signature _____
Mark one: Business Owner

Date _____
Local Contact

****Please indicate the address to which all non-billing correspondence should be mailed****

Facility Address
Billing Address
Owner Address