



APPLICATION FOR PUBLIC SWIMMING POOL OPERATIONAL PERMIT

Date _____ Amount Paid \$ _____ DHD # _____

Receipt # _____ Invoice # _____ Check # _____ Cash MC Visa

Name of Swimming Pool / Spa: _____

Actual Facility Address:
(911 location address) _____
Street # and Name City Zip Code

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

Local Contact Name: _____ Local Contact Title: _____

Local Contact Email: _____ Local Contact Phone #: _____

Billing Contact Name or Department: _____ Billing Phone #: _____

Billing Company Name: _____

Billing Address: _____
Include suite # Street # and Name Suite # City State Zip Code

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

Property Owner's Address: _____
Include suite # Street # and Name Suite # City Zip Code

Property Management Company (if applicable): _____

Management Contact Name: _____ Management Contact Phone: _____

Pool Maintenance Company (if applicable): _____

Maintenance Contact Name: _____ Maintenance Contact Phone: _____

Business Owner's Name to Appear on Permit:

Mark Appropriate Box: **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 Rules and Regulations of Cobb & Douglas Public Health; adopted pursuant to O.C.G.A. 31-45-13. You may obtain a copy of the Rules and Regulations for Swimming Pools by contacting our office or by visiting our website: www.cobbanddouglaspublichealth.com. You are responsible for compliance with all provisions therein.

Signature

Date

Mark one: Business Owner Local Contact Contractor

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

Billing Address Owner's Address