COBB & DOUGLAS PUBLIC HEALTH

APPLICATION FOR PUBLIC SWIMMING POOL OPERATIONAL PERMIT

OFFICE USE ONLY

Date _____ **Amount Paid $** _____ **DHD#** _____

Invoice # _____ **Authorization #** _____ **Check #** _____ ☐ Cash ☐ MC ☐ Visa ☐ Discover

☐ New Application **requires Verification of Residency form**
☐ Change of Ownership **requires Verification of Residency form**
☐ Change of Facility Name
☐ Change of Pool Management Company

☐ **Seasonal Operation (***Pool gate must be secured to prevent unauthorized access once the operational season has ended)*
☐ **Yearly Operation** (*Open all year long - most common with indoor pools / spas)*

☐ Swimming Pool ☐ Spa ☐ Recreational Water Park ☐ Special Purpose Pool ☐ Wading Pool

Name of Swimming Pool: _____

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

Facility Phone #: _____

Local Contact Name: _____ Local Contact Title: _____

Local Contact Email: _____ Local Contact Phone #: _____

OWNER INFORMATION

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

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

Legal Business Name to Appear on Permit ***(business owner's name or corporation name as registered with the GA Secretary of State)***

_____

BILLING INFORMATION

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

Billing Company Name: _____

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

Pool Maintenance Company (if applicable): _____

Maintenance Contact Name: _____ Maintenance Contact Phone: _____

The undersigned hereby applies for a Swimming Pool Operational Permit pursuant to the Rules and Regulations of Cobb & Douglas Public Health; adopted pursuant to the 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