



# 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](http://www.cobbanddouglaspublichealth.com). You are responsible for compliance with all provisions therein.

Signature

Date

Mark one:  Business Owner       Local Contact       Contractor