



APPLICATION FOR PUBLIC SWIMMING POOL OPERATIONAL PERMIT

OFFICE USE ONLY

Date _____ Amount Paid \$ _____ DHD# _____
 Invoice # _____ Check # _____ Cash Amex Visa MC 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 area must be secured to prevent unauthorized access once the operational season has ended*)
 Yearly Operation (*Open year-round - most common with indoor pools and spas*)
 Swimming Pool Spa Recreational Water Park Special Purpose 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

Ownership By: Corporation LLC Partnership Association Other _____

Business Name: (if Corporation, LLC, Partnership, or Association) _____

Facility Owner's Name: _____

Facility Owner's Phone #: _____

Facility Owner's Address: _____
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 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. The permit holder is responsible for compliance with all provisions of these rules.

Signature

Date

Mark one: Business Owner Authorized Agent Contractor