



APPLICATION FOR PERMIT TO OPERATE A SWIMMING POOL

Fulton County Board of Health
Environmental Health Services

Renewal New Change of Ownership

FACILITY INFORMATION

Name:

Address: # Street Room/Suite # City GA Zip Code

Telephone#: Fax#: Email:

Pool Type: Swimming Pool Spa Special Purpose:

Location: Indoor Pool Outdoor Pool Operation: Seasonal Year-round Government-owned: Yes No

Certified Operator's Name

Certified Operator's Certification #

Certified Operator's Telephone #

OWNER INFORMATION

Name: Title:

Address: # Street Room/Suite # City State Zip Code

Telephone #: Cell#: Email:

AUTHORIZED AGENT INFORMATION

Name: Title:

Address: # Street Room/Suite # City State Zip Code

Telephone #: Cell#: Email:

BILLING INFORMATION

Name:

Address: # Street Room/Suite # City State Zip Code

Telephone #: Fax#: Email:

I, Owner / Authorized Agent Name (Print), certify that all information given in this application is true and correct to the best

of my knowledge. The owner means the entity who possesses a valid permit to operate a swimming pool and is legally responsible for the operation of the swimming pool. The authorized agent is an authorized or designated person the owner has empowered to take actions on the owner's behalf. I further understand and agree to comply with Fulton County Board's of Health Rules and Regulations for Public Swimming Pools, Spas and Recreational Water Parks, as the holder of a permit to operate a swimming pool in Fulton County. If a permit is issued, it is non-transferable and is valid until it is surrendered, suspended, revoked, or expired.

Preferred Contact Method: Telephone Email Fax

Owner / Authorized Agent Signature

Title

Date

EHS Use Only

Permit #: Permit Expiration Date: Service Code: District /Territory :

Fee Amount: Date of Remittance: Check/M.O. #: Receipt #:

EHS Staff

Date of Issuance