



APPLICATION FOR PERMIT TO OPERATE A SWIMMING POOL

Fulton County Department of Health and Wellness

Environmental Health Services Division

99 Jesse Hill Jr. Drive, S.E.

Atlanta, Ga. 30303

POOL INFORMATION

Name: _____

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

Telephone #: _____ Fax#: _____ Email: _____

Pool Type: Swimming Pool Whirlpool Wading Multi-Purpose Waterslide Special Purpose Spray Pool Zero-depth

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

Pool Operator Name _____

Pool Operator's Certification # _____

Pool Operator's Telephone # _____

OWNER INFORMATION

Name: _____ Title: _____

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

Telephone #: _____ Fax#: _____ Email: _____

PERMIT HOLDER INFORMATION

Name: _____

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

Work #: _____ Cell #: _____

Telephone #: _____ Fax#: _____ Email: _____

BILLING INFORMATION

Name: _____

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

Telephone #: _____ Fax#: _____

Email: _____

I, _____ certify that all information given in this application is true and correct to the best of my knowledge.

Permit Holder Name (Print)

The permit holder means the entity who possesses a valid permit to operate a swimming pool and is legally responsible for the operation of the swimming pool such as the owner, agent for the owner or other such authorized or designated person. I further understand and agree to comply with Fulton County Code of Ordinances and Code of Resolutions, Chapter 34, Health and Sanitation, Article XII, "Swimming Pools", 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

Permit Holder Signature _____

Title _____

Date _____

EHS Use Only

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

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