



APPLICATION FOR PERMIT TO OPERATE A SWIMMING POOL

Fulton County Board of Health
Environmental Health Services

POOL INFORMATION

Name:
Address: # Street Room/Suite # City 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, Permit Holder Name (Print), certify that all information given in this application is true and correct to the best

of my knowledge. 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 #:

EHS Staff Date of Issuance