COBB & DOUGLAS PUBLIC HEALTH

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 Address ☐ 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