APPLICATION FOR PERMIT TO OPERATE A SWIMMING POOL

Fulton County Board of Health
Environmental Health Services

___Renewal ___New ___Change of Ownership

POOL INFORMATION

Name:_____

Address:_____ GA _____
Street Room/Suite # City 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
Permit Holder Name (Print)

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 Board of Health's 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

_____ _____ _____
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

Revised 11/2021