



APPLICATION FOR PERMIT TO OPERATE A SWIMMING POOL

Fulton County Board of Health
Environmental Health Services

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 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