



APPLICATION FOR PERMIT TO MODIFY A SWIMMING POOL

Fulton County Board of Health
Environmental Health Services

POOL INFORMATION

Name: _____

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

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

APPLICANT INFORMATION

Name: _____

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

Telephone #: _____ Fax#: _____ Email: _____

CONTRACTOR INFORMATION

Company Name: _____ Contact: _____

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

Telephone #: _____ Fax#: _____ Email: _____

I, _____, certify that all information given in this application is true and
Applicant Name (Print)

correct to the best of my knowledge. 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 modify 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. I understand that all modifications must be approved by this Department prior to any work performed.

Preferred Contact Method: []Telephone []Email []Fax

Applicant Signature

Title

Date

EHS Use Only

Modifications Permitted:

Approved: []1 []2 []3 []4 []5 []6 []7 []8 []9 []10 []11 []12

Denied: []1 []2 []3 []4 []5 []6 []7 []8 []9 []10 []11 []12

Pool Operating Permit #: _____ Modification Permit #: _____ District / Territory: _____/_____

Check / M.O. #: _____ Fee Amount: _____ Receipt #: _____ Date Paid: _____

Date of Issuance: _____ Expiration Date: _____ Service Code: _____

EHS Staff

EHS Staff Telephone #

PROPOSED MODIFICATIONS

Pool Name: _____ Permit#: _____ Control #: _____

(LIST EACH MODIFICATION UNDER THE APPLICABLE CATEGORY):

1. Skimmers/Gutters: _____ 7. Pump: _____

2. Main Drain/Inlets: _____ 8. Resurfacing: _____

3. Deck: _____ 9. Chemical Feeders: _____

4. Lighting: _____ 10. Heater: _____

5. Steps/Ladders/Benches: _____ 11. Fence: _____

6. Filter: _____ 12. Other: _____

Contractor's Signature

Date

Call EHS Staff on first page for an inspection upon completion of the modification(s).

*****Please consult your local water authority for water restrictions before starting your modification*****