



**Newton Environmental Health Services**  
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## SWIMMING POOL APPLICATION

Application Date: \_\_\_\_\_

Number of Pools/Spas <input type="text"/>	<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING(changes in hydraulics)	<input type="checkbox"/> EXISTING (no changes in hydraulics)
	<input type="checkbox"/> SEASONAL	<input type="checkbox"/> YEAR ROUND	<input type="checkbox"/> FOOD WILL BE SERVED AT THIS LOCATION

### FACILITY INFORMATION

Facility Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone (     ) \_\_\_\_\_ FAX (     ) \_\_\_\_\_ Website \_\_\_\_\_

### OWNER INFORMATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone (     ) \_\_\_\_\_ Work (     ) \_\_\_\_\_ FAX (     ) \_\_\_\_\_ Other (     ) \_\_\_\_\_  
E-mail \_\_\_\_\_

### BILLING INFORMATION

Facility Name \_\_\_\_\_ Attention: \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**ANY CHANGE OF OWNER NAME CONSTITUTES A CHANGE IN OWNERSHIP. ANY CHANGE IN OWNER/OWNERSHIP WILL REQUIRE A NEW PLAN REVIEW AND ANNUAL FEE. PERMITS ARE NOT TRANSFERABLE FROM OWNER-TO-OWNER OR PLACE-TO-PLACE.**

### AUTHORIZED OWNER/AGENT INFORMATION

Print Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
Sign Name \_\_\_\_\_

**Affiliation with facility (check one):**    Owner    Contractor    Architect    Other \_\_\_\_\_

**NOTE: A POOL TRANSFERRED FROM BUILDER/DEVELOPER TO HOA WILL CONSTITUTE A CHANGE OF OWNERSHIP.**