



Gwinnett Environmental Health Services
455 Grayson Highway - Suite 600
Lawrenceville, GA 30046
Phone: 770.963.5132
Fax: 770.339.4282
www.gnrhealth.com

SWIMMING POOL APPLICATION

Application Date: _____

SWIMMING POOL TYPE

Seasonal

Year-round

Food will be served at this location

FACILITY INFORMATION

Facility Name _____

Address _____

City, State, Zip _____

Phone () _____ FAX () _____ Property Tax ID _____
(District-LandLot-Parcel)

OWNER INFORMATION

Name _____ CORPORATION NAME OR LLC IF APPLICABLE

Address _____

City, State, Zip _____

Phone () _____ Work () _____ FAX () _____ Other () _____

E-mail _____

BILLING INFORMATION

Facility Name _____ Attention: _____

Address _____

City, State, Zip _____

POOL SIZE – CHOOSE ONE

LESS THAN 500sq ft WITH FEATURES

MORE THAN OR EQUAL TO 500 sq ft WITH FEATURES

LESS THAN 500 sq ft WITHOUT FEATURES

MORE THAN OR EQUAL TO 500 sq ft WITHOUT FEATURES

(features include but are not limited to water slides, mushrooms / water trees, water sprays, water cannons / toys, therapy jets)

POOL VOLUME = _____ gallons

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.