



Rockdale Environmental Health Services
 1329 Portman Drive – Suite F
 Conyers, GA 30012
 Phone: 770.278.7340
 Fax: 770.278.8919
www.gnrhealth.com

SWIMMING POOL APPLICATION

Application Date: _____

Number of Pools/Spas <input style="width: 40px; height: 25px;" 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.