



ENVIRONMENTAL HEALTH OFFICES

GWINNETT

455 Grayson Highway, Suite 600
Lawrenceville, GA 30046
770.963.5132
866.265.4293

NEWTON

1113 Usher Street, Suite 303
Covington, GA 30014
770.784.2121
770.784.2129

ROCKDALE

1329 Portman Drive, Suite F
Conyers, GA 30094
770.278.7340
866.551.0133

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-Land Lot-Parcel)

POOL SIZE - CHOOSE ONE

- [] LESS THAN 500 SQ. 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

OWNER INFORMATION

Must be either a valid corporation which is registered with the Georgia Secretary of State's office or owner's personal name. This information cannot be changed once the facility is permitted. If changed after permitting, it will be considered a change of ownership and all plan review and permitting fees will apply.

CORPORATION NAME OR LLC (If Applicable) _____

OWNER'S PERSONAL NAME _____

Type of Government Issued Identification (ID) _____ ID Expiration Date _____

Address _____

City _____ State _____ Zip _____

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

E-mail _____

BILLING INFORMATION

Please note this is the address where all bills and permits will be mailed.

Facility Name _____ Attention _____

Address _____

City _____ State _____ Zip _____

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

E-mail _____



APPLICANT/AUTHORIZED AGENT INFORMATION

Any change to the owner's name constitutes a change in ownership. Any change in owner/ownership will require a new, application, plan review, and permitting fee. Permits are not transferable from owner to owner or location to location. Continued operation without a valid permit is a violation of the GNR Public Health's Rules and Regulations Governing Public Swimming Pools, Spas, and Recreational Water Parks and may result in legal action.

I, _____, affirm that all the information provided in this application (including the
(Legal Name of Applicant)

Verification of Residency and all supporting documents) is true to the best of my knowledge. I understand that any misrepresentation, omission, or concealment of material facts is grounds for denial or revocation of my Swimming Pool/Spa Permit. I have read and agree to abide by GNR Public Health Rules and Regulation Governing Public Swimming Pools, Spas, and Recreational Water Parks.

Applicant Signature _____ Date _____

Applicant's Phone Number _____

Applicant's affiliation with facility (check one): Owner Contractor Architect Expeditor Other _____

NOTE: A pool transferred from builder/developer to HOA will constitute a change of ownership.

Office Use Only: COO NEW Inspector Area _____ Existing Permit # _____
PR1 PR2 PR3 PR4 PR5 Desk Duty Initials _____