



Georgia Department of Public Health  
Environmental Health Branch

APPLICATION FOR SWIMMING POOL, SPA, AND  
RECREATIONAL WATER PARK OPERATION PERMIT

Complete in duplicate and forward the original to the **County Health Department** in which the facility is located.

1. Name of Facility: \_\_\_\_\_

2. Check Appropriate Block(s):

- Swimming Pool  Spa  Recreational Water Park
- New  Repair  2 Sets of Plans/Blueprints provided
- Special Purpose Pool  (If checked, please mark the pool type below)

- Activity/Interactive  Wading Pool  Continuous Water Course
- Dual Use Pool  Falling-Entry Pool  Wading Pool
- Wave Pool  Zero-Depth Entry Pool  Zero-Depth Pool

3. Address of Facility: \_\_\_\_\_ Ga.  
Street, Highway, or RFD City County Zip Code

4. Physical Location of Facility: \_\_\_\_\_  
(GPS, LAT/LONG, or PLAT indicating physical location)

5. Facility Owner's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

6. Facility Owner's Address: \_\_\_\_\_  
Street, Highway, or RFD City County Zip Code State

7. Licensed CPO\* Name \_\_\_\_\_ Expiration Date: \_\_\_\_\_

8. Licensed CPO\* Address: \_\_\_\_\_  
Street, Highway, RFD City Zip Code State Phone #

9. Construction Date: \_\_\_\_\_ Owner's email: \_\_\_\_\_

10. Date Operation to Begin \_\_\_\_\_ Date Operation to Close \_\_\_\_\_

11. Hours of Operation: Open At \_\_\_\_\_ AM/PM To Close At \_\_\_\_\_ AM/PM

12. Type of Disinfection Equipment: \_\_\_\_\_

The undersigned hereby applies for a permit to operate a public swimming pool, spa, or recreational water park pursuant to the O.C.G.A. 31-45-1, et seq. and hereby certifies that he has received a copy of the Rules for Swimming Pools, Spas and Recreational Water Parks, Chapter 290-5-57, Georgia Department of Public Health.

Signed \_\_\_\_\_ (State whether Owner or Authorized Agent for the Owner) \_\_\_\_\_ Date

\* Licensed CPO (Certified Pool Operator) means the person to whom the Business Owner has delegated responsibility for the overall water quality, safety conditions, emergency procedures and record keeping of the swimming pool facility. This person must complete a state approved pool operator's course.