Georgia Department of Public Health
Environmental Health Section
APPLICATION FOR PUBLIC 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 511-3-5, Georgia Department of Public Health.

❒ [1]The undersigned has a notarized affidavit and a copy of identifying documentation to attest residency status on file.

_____
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.

[1] Residency verification is only applicable to an owner/operator of a public swimming pool that is associated with a commercial facility.