Georgia Department of Public Health
Environmental Health Section
APPLICATION FOR SWIMMING POOL, SPA, AND
RECREATIONAL WATER PARK CONSTRUCTION PERMIT

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

1. Name of Facility:_____

2. Construction Type: New Construction ❒ Remodeling Existing Facility ❒ Converting Pool to Public Use ❒

3. Pool Type: Select appropriate type below: (*check if part of a Recreational Waterpark* ❒)

- Swimming Pool ❒ Spa ❒ Special Purpose Pool ❒ Recreational Water Park Attraction ❒
  (*If special purpose is checked, please mark the pool type below)*

Activity ❒ Continuous Water Course ❒ Diving Pool ❒ Dual Use Pool ❒
Interactive Water Play Pool ❒ Landing Pool ❒ Leisure River❒
Wading Pool ❒ Wading Interactive Pool ❒ Wave Pool ❒ Other ❒ _____

4. Plans and Specifications included: (check appropriate block(s):

- 2 Sets of Plans ❒ Hydraulic Analysis Worksheet ❒ Equipment specification sheets ❒

5. Address of Facility:_____Ga.
Street, Highway, or RFD City County Zip Code

6. Physical Location of Facility:_____
(GPS, LAT/LONG, or PLAT indicating physical location)

7. Facility Owner Name: _____ Phone Number:_____

8. Facility Owner Address:_____
Street, Highway, or RFD City County Zip Code State

9. Construction Date: _____ Construction Permit #_____

10. Date Operation to Begin _____ Date Operation to End_____

11. Hours of Operation: Opening Time_____am/pm Closing Time_____am/pm

12. Type of Disinfectant: Inline Electrolytic Generator ❒ Calcium Hypochlorite ❒ Sodium Hypochlorite ❒
Trichlor ❒ Bromine ❒ UV❒ Ozone ❒ Other_____

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.
❒ If applicable[1], the undersigned filed a notarized affidavit and a copy of identifying documentation to prove residency status.

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

* Trained Operator means the person to whom the Business Owner has delegated responsibility for the overall water quality, safety conditions, emergency procedures, maintenance and record keeping of the swimming pool facility. This person must complete a state approved pool operator's course. [1] Only public swimming pools that are associated with a commercial operation such as a tourist accommodation, health club or YMCA must comply. State, local and municipal public swimming pools are exempt.