



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

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

1. Name of Facility: _____

2. Address of Facility: _____ Ga.
Street, Highway, or RFD City County Zip Code

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

4. Facility Owner Name: _____ Phone Number: _____

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

6. Pool Type (check appropriate block:
Swimming Pool [] Spa [] Special Purpose Pool [] Recreational Water Park Attraction []
(If special purpose, please identify the pool type below)
[x] Special Purpose Pool Type: _____

7. Specification sheets or samples provided to support the modification, repair or replacement: check block(s)
Chemical feed pump [] Filter [] Multiport valve [] Tile []
Chlorinator [] Fence [] Pump [] UV lamps []
Emergency phone [] Handrails/ladders [] Plaster [] Vacuum cover []
Flow meter [] Main drain cover [] Skimmer [] Other _____

8. Modification Application Date: _____ Modification Completion Date: _____

9. Description of Modification: _____

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.

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