

Georgia Department of Community Health
Division of Public Health, Environmental Health Section

**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.

Name of Facility: _____

Check Appropriate Block(s):

- Swimming Pool Spa Recreational Water Park
→ New Repair 2 Sets of Plans/Blueprints provided
→ Special Purpose Pool (If checked, please check 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

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

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

Facility Owner's Name: _____ Phone Number: _____

Facility Owner's Address: _____
Street, Highway, or RFD City County Zip Code State

Licensed CPO* Name _____ Expiration Date: _____

Licensed CPO* Address: _____
Street, Highway, RFD City Zip Code State Phone #

Construction Date: _____

Date Operation to Begin _____ Date Operation to Close _____

Hours of Operation: Open At _____ AM/PM To Close At _____ AM/PM

The Type of Disinfection to be used: _____

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 Community 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.