



**ENVIRONMENTAL HEALTH OFFICES**

**GWINNETT**

455 Grayson Highway, Suite 600  
Lawrenceville, GA 30046  
☎ 770.963.5132  
📠 866.265.4293

**NEWTON**

1113 Usher Street, Suite 303  
Covington, GA 30014  
☎ 770.784.2121  
📠 770.784.2129

**ROCKDALE**

1329 Portman Drive, Suite F  
Conyers, GA 30094  
☎ 770.278.7340  
📠 866.551.0133

**SWIMMING POOL APPLICATION**

Application Date: \_\_\_\_\_

Swimming Pool Type                       Seasonal                       Year-round                       Food will be served at this location

**FACILITY INFORMATION**

Facility Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_ Property Tax ID \_\_\_\_\_  
(District-Land Lot-Parcel)

**POOL SIZE – CHOOSE ONE**

- LESS THAN 500 SQ. FT. WITH FEATURES                       MORE THAN OR EQUAL TO 500 SQ. FT. WITH FEATURES  
 LESS THAN 500 SQ. FT. WITHOUT FEATURES                       MORE THAN OR EQUAL TO 500 SQ. FT. WITHOUT FEATURES

(features include but are not limited to water slides, mushrooms / water trees, water sprays, water cannons/toys, therapy jets)

**POOL VOLUME = \_\_\_\_\_ gallons**

Is your facility on **public sewer** or serviced by a **septic tank**? If unsure contact the local water authority. If your facility is serviced by a septic tank, an Onsite Sewage Management System (OSSMS) review will be required before your swimming pool application will be accepted.

Public Sewer    or     Septic Tank

**OWNER INFORMATION**

**Must be either a valid corporation which is registered with the Georgia Secretary of State's office or owner's personal name. This information cannot be changed once the facility is permitted. If changed after permitting, it will be considered a change of ownership and all plan review and permitting fees will apply.**

**CORPORATION NAME OR LLC** (If Applicable) \_\_\_\_\_

**OWNER'S PERSONAL NAME** \_\_\_\_\_

Type of Government Issued Identification (ID) \_\_\_\_\_ ID Expiration Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Work (    ) \_\_\_\_\_ FAX (    ) \_\_\_\_\_ Other (    ) \_\_\_\_\_

E-mail \_\_\_\_\_



**BILLING INFORMATION**

Please note this is the address where all bills and permits will be mailed.

Facility Name \_\_\_\_\_ Attention \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_  
E-mail \_\_\_\_\_

**APPLICANT/AUTHORIZED AGENT INFORMATION**

Any change to the owner's name constitutes a change in ownership. Any change in owner/ownership will require a new, application, plan review, and permitting fee. Permits are not transferable from owner to owner or location to location. Continued operation without a valid permit is a violation of the GNR Public Health's Rules and Regulations Governing Public Swimming Pools, Spas, and Recreational Water Parks and may result in legal action.

I, \_\_\_\_\_, affirm that all the information provided in this application (including the  
(Legal Name of Applicant)

Verification of Residency and all supporting documents) is true to the best of my knowledge. I understand that any misrepresentation, omission, or concealment of material facts is grounds for denial or revocation of my Swimming Pool/Spa Permit. I have read and agree to abide by GNR Public Health Rules and Regulation Governing Public Swimming Pools, Spas, and Recreational Water Parks.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Phone Number \_\_\_\_\_

Applicant's affiliation with facility (check one):  Owner  Contractor  Architect  Expeditor  Other \_\_\_\_\_

NOTE: A pool transferred from builder/developer to HOA will constitute a change of ownership.

Office Use Only: COO NEW Inspector Area \_\_\_\_\_ Existing Permit # \_\_\_\_\_  
PR1 PR2 PR3 PR4 PR5 Desk Duty Initials \_\_\_\_\_