

Application Date: _____

Permit #: _____

GEORGIA DEPARTMENT OF PUBLIC HEALTH

Hall County Environmental Health

2875 Browns Bridge Road, Gainesville, Georgia 30504, Phone: (770)531-3973, Fax: (770)531-6767

Mailing Address: P.O. Box 5901 Gainesville, Georgia 30504

Application for Swimming Pool, Spa and Recreational Water Park

Check appropriate block: Swimming Pool Spa Recreational Water Park Other _____

Name of Facility: _____

Address of Facility: _____
Street City County State Zip

Business Phone #: _____ Email: _____

Bather Load: _____

Water Supply: Public Water Individual Well

Pool Season: Seasonal Year Round

Owner's Name: _____

Owner's Address: _____
Street City County State Zip

Owner's Primary Phone #: _____ Owner's Alternate Phone #: _____

Name of Party Responsible for Fees (Billing Name): _____

Billing Mailing Address: _____
Street City County State Zip

Authorized Agent Name: _____ Address: _____

Authorized Agent Phone #: _____ Authorized Agent Email: _____

CPO Name: _____ CPO Address: _____

CPO Phone #: _____ CPO Email: _____

Certification #: _____ Certification Expiration Date: _____

CPO: at Facility Contracted

Person to call if an English speaking employee is not in the establishment during the inspection:

Name: _____ Phone number: _____

Date Operation to Begin: _____ Date Operation to Close: _____

Hours of Operation: Open Time: _____ AM/PM Close Time: _____ AM/PM

Sewage Disposal: Public Sewer Individual On-site System Other: _____

It is the responsibility of the applicant to verify with other State or County departments (i.e. Business License, Planning & Zoning, Building Inspection) to insure all regulations are met.

The undersigned hereby applies for a permit to operate a public swimming pool, spa, or recreational water park pursuant to the OCGA 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 Business owner - or- Authorized agent _____ Date _____



Brenda Fitzgerald, MD, Commissioner | Nathan Deal, Governor

2 Peachtree Street NW, 15th Floor
Atlanta, Georgia 30303-3142
www.health.state.ga.us

GEORGIA DEPARTMENT OF PUBLIC HEALTH
Verification of Residency for Public Benefits
O.C.G.A. Section 50-36-1(e)(2)

As part of my application for public benefits from the Georgia Department of Public Health, I hereby swear, under oath, that I am:

[check one of the following]

- (1) _____ A citizen of the United States;
 - (2) _____ A legal permanent resident of the United States;
- or
- (3) _____ A qualified alien or non-immigrant under the Federal Immigration and Nationality Act. The alien number assigned to me by the United States Department of Homeland Security or other federal immigration agency is Alien Number _____.

I also swear that I am eighteen years of age or older, and that I have provided at least one secure and verifiable identity document with this affidavit, as required by O.C.G.A. Section 50-36-1(e)(1). That secure and verifiable document is my

_____.

In making these representations, I understand that any person who knowingly and willfully makes a false statement in an affidavit on any matter within the jurisdiction of state government shall be guilty of a violation of O.C.G.A. Section 16-10-20 and face the criminal penalties authorized by that statute.

Signature of Applicant

Subscribed and sworn before me
this ____ day of _____, 20__.

Printed Name of Applicant

Notary Public
My commission expires _____.