

Division of Environmental Health 445 Winn Way, Suite 320 Decatur, GA, 30030 Phone: 404-508-7900

Fax: 404-508-7979 dekalbpublichealth.com

APPLICATION FOR A NEW SWIMMING POOL CONSTRUCTION PERMIT

1. Name of Facility:					
2. Check Appropriate Block(s):					
Swimming Pool □ Whirlpool/Spa □ Spray Pool □ Water Course Pool □ Waterslide/Splash Pool □ Zero-	Wave Pool □	Multi-purpo	se Pool 🗆	Wading P	
• Special Purpose Pool ☐ (If checked, please the pool, such as for therapeutic use, installation			•	_	
Hydraulic Analysis Worksheet Completed:Equipment Specifications Included:	Yes □ Yes □	No □ No □			
3. Address of Facility:	City		Zip	Code	
4. Mailing Address of Facility:Street		ity	•	Code	
	Phone Number:				
6. Facility Owner's Address: Street	City		State	Zip Code	
7. Type of Facility (Apartments, Condos, Motel, etc.)			of Units:		
8. Certified Pool Contractor:(Please submit a copy of your most re	ecent certificat	Certification #: ion certificate v	vith appli	cation)	
9: Contractor's Address:					
10: Contractor's Email:	Phone Number:				
Pursuant the DeKalb Public Health Swimming Pohereby applies for a permit to construct a public sbegin until a construction permit has been issued I	wimming poo	l. I understan	d that no		
Applicant's Signature	Date				
FOR INT	ERNAL USE	ONLY —			
Method of Payment: ☐ Check #: ☐ Cre	dit Card Re	ceipt #:		Date Paid:	