

APPLICATION FOR PERMIT TO MODIFY A POOL

Fulton County Board of Health Environmental Health Services Division

POOL INFORMATION	Name:_ Address		#	Street					n/Suite#	(City	G.		o Code
Po	ol Type: □S	Swimmi	ng Pool	□Whirlp	ool □W	ading □	Multi-Pu	ırpose □W	aterslide	□Specia	l Purpose [□Spray Po	ol □Zeı	o-deptl
Lo	cation: □Ir	ndoor Po				-		sonal □Ye						
	Compar	ny Nan	ne:											
ANT	Address	S:						Room/S			ity	State	7	ip Code
APPLICANT INFORMATION	# Street Telephone #:				Fax#:						•		_	
~ Z	Contrac	tor Na	me:											
511-3-5, "I and is val	the best of Pool Rules' id until it i nt prior to	my kno ', as the s surre	holder of ndered, s	e (Print) I furthe f a permi suspende	r unders t to mod	tand and ify a swir	l agree to nming p	ool in Fult	vith Geor on Count	gia Depa y. If a pe	artment of rmit is issu	Public H	ealth, C on-trans	Chapter sferable
		icant Sign					Title	1			Date			
	====== ations Per			=====	=====	=== Ŀ n	5 Use (Jmy===	=====	=====		====== ol #:		
Approve	ed:	□ 1	\square 2	□3	□4	□5	□6	□7	□8	□9	□10	□11	□12	
Denied:		□ 1	\square 2	□3	□4	□5	□ 6	□7	□8	□9	□10	□11	□12	,
Pool Ope	erating Pe	rmit #:		Mo	dificati	on Pern	nit #: _		I	District	/ Territor	ry:	_/	
Check / I	M.O. #:		Fe	e Amou	ınt: \$			Receipt	#:		_ Date l	Paid:		
Date of Issuance:			Expiration Date:			Service Code:								
	EHS Staff							EHS Staff Telephone #						



PROPOSED MODIFICATIONS

Pool Name:	Permit#:	Control #:
(LIST EACH MODIFICATION UNDE	R THE APPLICABLE CATEGORY)	:
1. Skimmers/Gutters:	7. Pump:	
2. Main Drain/Inlets:	8. Resurfacing:	
3. Deck:	9. Chemical Feeders:	
4. Lighting:		
5. Steps/Ladders/Benches:		
6. Filter:	12. Other:	
Contractor's Signature		Date