



**APPLICATION FOR A PERMIT TO MODIFY AN
EXISTING PUBLIC SWIMMING POOL**

A **“Modification”** is defined as any repair, change, alteration or substitution made to the pool, pool equipment, decking, bathhouse, pool barrier, or any other area or facility related thereof.

“Major modifications” include, but are not limited to, deck surface refinishing; filter, pump or chemical feeder replacement; bathhouse floor replacement; plumbing or hydraulic alterations or similar changes that would require a permit. **“Renovations”** are major modifications to existing pools and/or facilities involving the replacement or reconstruction of equipment, pool surface, bathhouse, and/or deck, or similar changes.

Please indicate which type of Modification will be done:

- Modification (permit fee \$100.00) Renovation (permit fee \$300.00)

Name of Pool: _____

Address of Pool: _____

Pool Contractor’s Name: _____ Certification #: _____

Contractor’s Address: _____

Contractor’s Phone Number: _____ Email Address: _____

Please use the following list to indicate which areas of the pool/facility that the modification(s) will take place and provide a description of what will be done. If equipment will be replaced, please submit an equipment specification sheet for each piece along with this application:

Deck: _____

Circulation System (*pumps, piping, filters, drains, skimmers, gutters, returns, etc.*): _____

Barrier/Gate: _____

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(CONTINUED)

Lighting: _____

Steps/Ladders/Benches: _____

Resurfacing Pool Bottom/Sides: _____

Disinfection Equipment (*hypo-chlorinators, chemical feeders, etc.*): _____

Heater: _____

Bathhouse: _____

Other: _____

Pursuant the DeKalb Public Health Swimming Pool Ordinance Chapter 1, Article VIII, the undersigned hereby applies for a permit to modify an existing public swimming pool. I understand that no construction may begin until a construction permit has been issued by DeKalb Public Health.

Applicant's Signature

Date

Printed Name

FOR INTERNAL USE ONLY

Method of Payment: Check #: _____ Credit Card Receipt #: _____ Date of Payment: _____