Cherokee County Application for Swimming Pool Permit

(Please print)

NAME OF ESTABLISHMENT __________________________ PHONE ________
STREET______________________________________________
CITY________________________________________________
STATE _______ ZIP ____________

BUSINESS OWNER’S NAME __________________________ PHONE ________
STREET______________________________________________
CITY________________________________________________
STATE _______ ZIP ____________

MAILING / BILLING ADDRESS:
STREET______________________________________________
CITY________________________________________________
STATE _______ ZIP ____________

AUTHORIZED AGENT NAME* (if applicable)
__________________________________________

Signature _______________________________ Owner or Authorized Agent (Circle one)
Date ________________

*(Authorized Agent means the person to whom the Business Owner has delegated authority for the overall management of the Swimming Pool.)