

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.)