



2016 Pool Permit Application

Access code _____

Key(s) Yes No

Please Circle: Whirlpool/Spa
Wading Pool Spray Ground
Swimming Pool Dive Tank
Therapy Pool

Year Round Seasonal

Office Use Only

2015

Permit Fee ☐ Yearly \$200.00 ☐ Seasonal \$100.00
2nd @ same address ☐ Yearly \$150.00 ☐ Seasonal \$50.00
☐ New Licensing Fee \$75.00
☐ 50% Late Fee after December 31, 2014

Check No. _____ Cash ☐ Date Rec'd: _____

PERMIT No. _____ Date Sent: _____

Pool Classification _____

Facility Information		Mailing Address for permits and invoices		Owner's Address	
		<input type="checkbox"/> Same as Facility information		<input type="checkbox"/> Same as mailing address	
Name of Facility		First Name	Last Name	First Name	Last Name
Address		Address		Address	
City, State, Zip		City, State	Zip	City, State	Zip
Email:		Email:		Email:	
Phone: ()	Fax: ()	Phone: ()	Fax: ()	Phone: ()	Fax: ()
Certified Pool Operator			POOL INFORMATION Please circle		
First Name	Last Name		City Water	Private Well	Filter: Sand Diatomite Cartridge
Address			City Sewer	Private Septic	Year of Construction/ Installation
City, State		Zip	Disinfectant Type Chlorine Bromine		Capacity (in gals):
Email:	CPO Renewal Date	Length	Width	Diameter	
Office Phone: ()	Office Fax: ()	Average Depth	Water Surface Area	Pool Hours	
Home Phone: ()	Cell Phone: ()		Sq. ft.		

Plans and specifications must be submitted to the State and the County PRIOR to any construction, rehabilitation, or alteration of any swimming pool or appurtenances thereof. 675 IAC 20-2-1

Signature	Print name	Date
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