

**Brown County Health Department**

200 Hawthorne Drive

Nashville, Indiana 47448

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Health Officer Michael Conway, MD

Mailing address P O Box 281, Nashville IN 47448

APPLICATION for a POOL/ SPA PERMIT for January 1, 2026 to December 31st 2026.

Application is hereby made for a license to operate a public or semi-public pool/ spa. By this application, it is agreed that the operator will comply with the provisions of the Indiana State Department of Health Public and Semi-Public Swimming Pools Rule 410 IAC 6-2.1, and Brown County Ordinance 2025-10-01-1000. It is further agreed that the establishment shall be open to inspection by agents of the Brown County Health Department

THIS PERMIT IS NOT TRANSFERABLE –New business ownership must obtain a new permit.**If you are renewing a license, the Payment must be made between January 1st and January 31st**

BCHD can accept: Check, Credit/Debit Card (3% fee on cards), Cashier's Check, Cash or Money Order, (The Brown County Health Department reserves the right to refuse a check, and there is a 3% fee on credit or debit cards. We can take credit/debit information over the phone) Checks are to be made payable to the Brown County Health Department.

PROPERTY INFORMATION

Property Name _____

Address _____

City _____ ZIP _____

OWNER / RESPONSIBLE PARTY CONTACT INFO

Responsible Party _____

Business Name _____

Address _____

City _____ State _____ ZIP _____

Phone # _____ Phone # (alternate) _____

Email: _____

MANAGEMENT COMPANY CONTACT INFO_____**CHECK HERE IF SELF MANAGED**

Business Name _____ Contact Name _____

For Official Use Only

Permit # _____	Permit # _____	Date Issued: _____
Permit # _____	Permit # _____	CPO on Staff: <input type="checkbox"/> Yes <input type="checkbox"/> No
Permit # _____	Permit # _____	Total paid for this address: _____

APPLICATION for a POOL/ SPA PERMIT 2026
MANAGEMENT COMPANY CONTACT INFO (continued)

Address _____

City _____ State _____ ZIP _____

Phone # _____ Phone # (alternate) _____

Email: _____

Would you like to receive inspection reports via email? ☐ Yes ☐ No

Please select all addresses that should receive mailed copies:

☐ Email Only ☐ Owner/ Responsible Party ☐ Management Company ☐ Rental Property

PLEASE INDICATE TYPE OF OPERATION: CHECK ALL THAT APPLY

☐ Hotel/ Motel ☐ Apartment/ Condo ☐ Private Club ☐ Bed & Breakfast
☐ Tourist Home ☐ Campground ☐ School ☐ Fitness Center/ Gym
☐ Mobile Home Park ☐ Other - _____

How many pools and/ or spas are at this property? _____

Water testing performed by _____

Have results been sent to BCHD? ☐ Yes ☐ No

Is someone on your staff CPO certified? ☐ Yes ☐ No CPO Name _____

CPO Certification Number _____ Expiration Date _____

Public Water Supply? ☐ Yes ☐ No **Public Sewage Disposal?** ☐ Yes ☐ No

COMPLETE BELOW FOR EACH POOL OR SPA AT THIS FACILITY. An extra page is available if you have more than 3 (three) facilities at this address.

Location <i>Where on the property? (e.g. North corner of property, behind house, etc.)</i>	Type <i>Pool/Spa/Beach</i>	Is this facility VGBA Compliant?	Notes <i>Is there any additional info the inspector should know?</i>

SIGNATURE & CERTIFICATION

I certify that the information provided is accurate. I agree to abide by state and local health codes and will maintain the facility in accordance with Brown County regulations.

Signature: _____ **Date:** _____

Printed Name: _____