

HANCOCK COUNTY HEALTH DEPARTMENT

APPLICATION FOR PUBLIC SWIMMING POOL PERMIT

Name of Establishment _____

Address _____
Street City State Zip

Phone Number _____ E-Mail _____

Certified Pool Operator or Contractor _____ Phone Number _____

CPO Certification Number _____ Expiration Date _____

Hours of Operation _____ Number of Employees _____

Name and address of pool owner if other than above:

Name Street City State Zip

Mailing address for permit and receipt:

Name Street City State Zip

Please pay your fee based on whether you are open seasonally or year-round.

Annual Fee for Seasonal Pool	\$ 75.00
Annual Fee for Year-Round Pool	125.00
Schools and Parks are Exempt	

MAKE CHECKS PAYABLE TO HANCOCK COUNTY HEALTH DEPARTMENT

Mail to: 111 American Legion Place, Rm 150, Greenfield, IN 46140

Phone: 317-477-1125 Fax: 317-477-1154

Printed Name of Applicant
Date _____

Signature of Applicant

**PLEASE NOTIFY THE HANCOCK COUNTY HEALTH DEPARTMENT WHEN ANY
CHANGES OCCUR CONCERNING THE ABOVE INFORMATION**

Office Use Only

Permit Number _____

Date Issued: _____

Date Inspected _____