

Public and Semi-Public Pool and/or Spa Permit Application

Name of Establishment: _____

Address: _____ City: _____ Zip: _____

Tax ID: _____ Telephone: _____

Name of Owner/ Corporation: _____

Address: _____ City: _____ Zip: _____

Email Address: _____ Fax: _____

Dates of Operation: _____

Hours of Operation: _____

Pool Water Surface Area (ft²) _____ Pool Water Volume Capacity (Gallons) _____

Pool Manager / CPO _____

Send Mail To (Please Select One): _____ Establishment _____ Owner

Required Permit Fee (Seasonal is Operating May, June, July, August, and September ONLY)

Annual	\$150.00
Seasonal	\$75.00
Additional Fee for each additional pool or spa	\$50.00

I/we attest that the above information is accurate to my/our knowledge at this time. I/we further agree to comply with all applicable Henry County, Indiana ordinance and laws to include allowing the Henry County Health Department access to the establishment as required. I/we understand that this permit is non-transferable and that the associated fees are non-refundable. I/we further understand that a 25% delinquent permit renewal fee will be added after 30 days to late renewals.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Permit/Receipt Number _____

Permit Fee Paid _____

Issue Date _____

Expiration Date _____