



Montgomery County Health Department

1580 Constitution Row, Ste. G
Crawfordsville, IN 47933

POOL AND SPA PERMIT APPLICATION

Department of health title 410 IAC 6-2.1 requirements. It is further agreed that said establishment shall be open to inspection by the Montgomery County Health Department (Montgomery County Ordinance 2013-4). The following information must be filled out completely and submitted along with payment within 30 days of permit expiration.

Establishment's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Manager: _____ Phone: _____

Certified Pool Operator: _____ Phone: _____

Hours of Operation: _____

OWNER INFORMATION

Name: _____ Phone: _____

Address _____

City: _____ State: _____ Zip: _____

Email: _____

Please note pool/spa permits are non-transferable. Permit issued applies only to the above owner. A new permit must be obtained whenever there is a change in ownership or operator. The pool/spa permit issued applies only to the above specified establishment and cannot be used to cover a different establishments or locations.

ALL REMODELING MUST BE PRE-APPROVED BY THE STATE. PLEASE CONTACT OUR DEPARTMENT FOR INFORMATION ON THE PLAN REVIEW PROCESS.

PLEASE CHECK THE APPROPRIATE PERMIT AMOUNT

Seasonal Pool: \$125.00

Annual Pools and Spas: \$225.00

Annual Pools: \$175.00

****ADDITIONAL BODIES****

Splash pad/Baby pool: \$50.00

Late Fee: Should any permittee fail to obtain the permit prior to the opening of the pool/spa for business, or should any permittee fail to renew his/her permit by the date it is due, you will be fined in the amount of \$100.00 per day which will be added on to the annual fee, and must be paid before permit will be issued.

Signature of owner signifies that the above information is true to the best of his/her knowledge.

Signature: _____ Date: _____