



Morgan County Health Department
180 S. Main St., Ste. 252
Martinsville, IN 46151
765-342-6621

Office Use
Permit #: _____
Date: _____
Fee Paid: \$ _____
Staff Initials: _____

Application for Public or Semi-Public Pool/Spa Permit

_____ Full-time Pool -- \$150 (swimming, wade, spa, etc.) operating six months or more, due by January 1st of each year.

_____ Seasonal Pool -- \$75 (swimming, wade, spa, etc.) operating less than six months, due by opening day or May 15th of each year, whichever comes first.

Anticipated Open Date: _____ Anticipated Close Date: _____

Pool & Spa Information:

Facility Name: _____

Facility Address: _____

Phone: _____ Email: _____

Owner Information:

Owner Name: _____

Owner Address: _____

Phone: _____ Email: _____

Operator Information:

Operator Name: _____

Operator Address: _____

Phone: _____ Email: _____

Dates and hours of operation: _____

Check all pool types available at this facility:

(____) Pool (____) Wading Pool (____) Spa (____) Splash Pad (____) Other

Has the pool been remodeled or have operations of the pool changed? (____) Yes (____) No

If yes, please describe: _____

Email for Inspection Reports: _____

**A satisfactory water sample must be submitted at least one week prior to the opening date.
Water samples must be submitted weekly thereafter.**

Applicant Signature: _____ Date: _____