



# Swimming Pool Permit Application

Noble County Health Department

2090 N State Road 9, Suite C

Phone: (260)-636-2191

Albion, IN 46701

Please complete the information requested and return with the required fee payable to the Noble County Health Department. The fee for annual permit is \$200.00 and fee for seasonal permit is \$100.00. **There is NO permit fee for non-membership-based not-for-profit organizations.** All permits will be subject to an additional late penalty charge of (25%) of the Permit fee if submitted after January 1, 2026.

Permits are NOT transferable and must be displayed in accordance to the Noble County Public Pool Ordinance.

**Name of Establishment** \_\_\_\_\_

Establishment Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permit Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Establishment Phone # \_\_\_\_\_

**Name of Owner** \_\_\_\_\_ Owner's Phone # ( ) \_\_\_\_\_

Owner's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner's Email \_\_\_\_\_ Owner's Cell # \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Certified Personnel Name** \_\_\_\_\_ Certification # \_\_\_\_\_

**Pool Name** \_\_\_\_\_ Season of Operation \_\_\_\_\_

Pool Size (Gallons) \_\_\_\_\_ Pool Shape \_\_\_\_\_ Water surface area (sq.ft.) \_\_\_\_\_

Deck Area (sq.ft.) \_\_\_\_\_ Pool Enclosure: Indoor Indoor/Outdoor Outdoor Type \_\_\_\_\_

Maximum Bather Load \_\_\_\_\_ Water Supply: Public Well Surface Water

Disinfectant Type \_\_\_\_\_ Turnover Rate (hours) \_\_\_\_\_ Filter Type \_\_\_\_\_

Backwash Discharge: Ground Public Sewer Other \_\_\_\_\_ Suction Outlets: YES NO

**FEES ARE NOT REFUNDABLE!** Make checks payable to NOBLE COUNTY HEALTH DEPARTMENT

**Applications are due by January 1, 2026 to avoid a late fee.**

Non-Profit Organization (IRS 501) certificate and/or State Income Tax Exemption Certificate must be accompanied by a completed application. There is NO fee charged for Non-Profit Organization.

Sign \_\_\_\_\_ Date \_\_\_\_\_

Receipt # \_\_\_\_\_

Permit Mailed: \_\_\_\_\_