

Porter County Health Department Public/Semi-Public Pool Permit Application

Permit Year: _____

“Public Pool” means any pool other than those defined as a semi-public pool, which is intended to be used for swimming or bathing and is operated by a concessionaire, owner, lessee, operator, or licensee, regardless of whether a fee is charged for use. Nothing in this article shall be construed as applying to any pool, constructed at a one or two family dwelling, and maintained by an individual for the sole use of the household and house guests.

“Semi-public pool” means any pool that is intended to be used for swimming or bathing and is operated solely for and in conjunction with: (1) schools, universities, and colleges; (2) hotels, motels, apartments, condominiums, bed and breakfasts, or similar lodgings; (3) camps or mobile home parks; (4) membership clubs and associations. Nothing in this article shall be construed as applying to any pool, constructed at a one or two family dwelling, and maintained by an individual for the sole use of the household and house guests.

“Pool” means any structure, basin, chamber, or tank containing an artificial body of water for swimming, bathing, competition, relaxation, or recreational use.

In accordance with Ordinance #08-23, passed by Porter County Board of Commissioners on August 19, 2008, the annual permit fee for Pools in Porter County are as follows:

Full Year – A Pool operating more than the months of May – September
 Annual Permit Fee: **\$100 per pool** if paid on or before December 31
 \$200 per pool if paid after December 31.....includes 100% late fee

Partial Year- A Pool operating only through summer May – September
 Annual Permit Fee: **\$50 per pool** if paid on or before December 31
 \$100 per pool if paid after December 31.....includes 100% late fee

NOTES: Permit fees are Non Refundable and Non Transferable

Please complete this application **IN FULL** and return it with copy of current Certified Pool Operator (CPO) certificate, and the appropriate permit fee to: **Porter County Health Department, 155 Indiana Ave, Ste 104, Valparaiso IN 46383**

The Pool Permit and receipt will be mailed to you upon receipt of this application, copy of current CPO certificate, and the appropriate pool permit fee. The Pool Permit must be posted on the premises. If you have any questions, please contact the Porter County Health Department at (219)-465-3525.

FAILURE TO SUBMIT THIS PERMIT APPLICATION AND FEE MAY RESULT IN THE CLOSURE OF YOUR ESTABLISHMENT’S POOL(S).

Name of Facility	Contact Person <input type="checkbox"/> Mail Correspondence to Facility Address
Address	City, State, and Zip
Phone	Email Address
Certified Pool Operator Name (Enclose CPO Certification) <input type="checkbox"/> Staff or <input type="checkbox"/> Third Party	Water Testing Lab Name

Pool Type(s): Pool Spa Kiddie Pool Wave Pool Wading Pool Plunge Pool Other _____

If Partial Year, list months of operation: _____

Corporation Name (if applicable)	Owners Name <input type="checkbox"/> Mail Correspondence to Corp/Owner Address
Business Address	City, State, and Zip Code
Phone	Email Address

Signature _____ Amount Enclosed \$ _____

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Notes:

- *Prior to any construction, rehabilitation, or alteration of any pool, plans and specifications MUST be sent to the Indiana Department of Homeland Security per 675 IAC 20-2-1.*
- *Fees received after December 31st pool permit renewals will incur a 100% Late Fee.*
- *Permit Fees are Non-Refundable and Permits are Non-Transferable.*
- *Changes in ownership and remodel may require upgrades prior to issuance of permit. Contact the Health Department prior to remodel or change of owner.*
- **Types of Payment Accepted:**
 - Cash
 - Money Order
 - Check
 - Credit or Debit Card – Our office cannot accept credit/debit card payments by telephone.
 - Make checks or money orders payable to Porter County Health Department

**Porter County Health Department
Porter County Administration Building
155 Indiana Ave Suite 104
Valparaiso, IN 46383
Ph. (219) 465-3525
Fax. (219) 465-3531
www.porterco.org/envhealth**

Office Use

Full Year (operate more than May thru September) **Number of Pools:**_____

Partial Year (operate May thru September) **Number of Pools:**_____

Paid by: **one** Cash Check Money Order CC/BC Check/Money Order #: _____

Date Fee Paid: _____ Processed by: _____ Amount Paid: \$ _____

Receipt #: _____ Receipt Book #: _____

____ New Permit ____ Renewal Permit **Permit #:** _____