



ST. JOSEPH COUNTY
DEPARTMENT OF HEALTH
Prevent. Promote. Protect.

Revised 11/03/2025

St. Joseph County Department of Health Pool/Spa Application

Permit Number: _____ Application Date: _____

Name of Establishment: _____

Physical Address of Establishment: _____

Mailing Address of Establishment: _____

City: _____ State: _____ Zip: _____

Business Telephone: _____ Business Fax: _____

Email Address: _____ Pool Operational Hours: _____

Establishment Owner(s): _____

Certified Pool/Spa Operator[®] (CPO[®]): _____

Manager/Pool Operator: _____

Laboratory Used for Pool/Spa Water Testing: _____

Class of Pool: _____ Volume (Gallons): _____
(A, B, C, or D)

*The following fee schedule as established by the St. Joseph County Board of Health
and hereby approved by the Board of Commissioners of St. Joseph County Ordinance No. 149-22*

Type of Pool

Please check Only One

Annual Pool: \$155.00 _____ Annual Wading Pool: \$85.00 _____ Annual Spa: \$90.00 _____

Seasonal Pool: \$85.00 _____ Seasonal Wading Pool: \$60.00 _____ Seasonal Spa: \$65.00 _____

****Government and Schools****

Swimming Pool: \$85.00 _____ Wading Pool: \$60.00 _____ Spa: \$65.00 _____

Use a separate application for each pool and/or spa. There will be a 100% late fee for payments after April 30th. As of November 1, 2025, there is a \$3.00 convenience fee to mail permits. Accepted payments; Business Checks, Money Order, Cashier's Checks, Visa/MasterCard. In office fees will not be accepted after 4:00 p.m. *Our office cannot accept credit card payments over the telephone.**

Signature _____

Date _____

FOR OFFICE USE ONLY

Permit Fee: _____

Employee Initial: _____

Late Fee: _____

Transaction No.: _____

Convenience Fee: _____

Date: _____

Total: _____