



Revised 07/29/2020

St. Joseph County Health Department 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.

Resolution R-18-C-2015

Type of Pool

Please check Only One

Annual Pool: \$135.00 _____ Annual Wading Pool: \$75.00 _____ Annual Spa: \$80.00 _____

Seasonal Pool: \$75.00 _____ Seasonal Wading Pool: \$50.00 _____ Seasonal Spa: \$55.00 _____

****Government and Schools****

Swimming Pool: \$75.00 _____ Wading Pool: \$50.00 _____ Spa: \$55.00 _____

Use a separate application for each pool and/or spa. There will be a 75% late fee for permits obtained after April 30th. Accepted payments; Business Checks, Money Order, Cashier's Checks, Visa/MasterCard. 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!

Employee Initial _____

Permit Fee: _____

Transaction No. _____

Late Fee: _____

Date: _____

Total: _____