



St. Joseph County Health Department Pool Permit Application

Permit No. _____

Application Date: _____

Name of Establishment: _____

Address of Establishment: _____

City: _____ State: Indiana Zip Code: _____

Business Phone: () _____ Business Fax: () _____

Establishment Owner(s): _____

Manager/Pool Operator: _____

Laboratory Used for Pool/Spa Water Testing: _____

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

(a separate application is required for each pool/spa that is permitted)
There will be a 50% late fee for permits picked up after April 30, 2010

TYPE OF POOL Please check one only

Annual Pool \$110 _____ Annual Wading \$50 _____ Annual Spa \$50 _____

Seasonal Pools \$50 _____ Seasonal Wading \$25 _____ Seasonal Spa \$25 _____

****Government and Schools Swimming Pool****

****Exempt from prescribe late penalty fee.****

Swimming Pool \$50 _____ Wading Pool \$25 _____ Spa \$25 _____

Accepted Payments: Cash, Business Check, Money Order, Cashier's Check, MasterCard or Visa (no personal checks accepted, "payment" will not be accepted after 4:00 p.m.)

Signature

Date

Employee Initials: _____	Permit Fee: _____
Transaction #: _____	Late Fee: _____
Date: _____	Total: _____