

Office Use:

Permit #: _____

Date Issued: _____

Staff Initials: _____

Morgan County Health Department180 S. Main St., Ste. 252, Martinsville, IN 46151
765-342-6621**Application for Public or Semi-Public Pool/Spa Permit**

Your permit will not be issued unless the form is filled out correctly and in its entirety.

_____ **Full-time Pool -- \$150** (swimming, wade, spa, etc.) operating *six months or more*,
due by January 1st of each year._____ **Seasonal Pool -- \$75** (swimming, wade, spa, etc.) operating *less than six months*, due
by opening day or May 15th of each year, whichever comes first.**Pool & Spa Information**

Facility Name: _____

Facility Address: _____

Phone: _____ Fax: _____ E-mail: _____

Owner Information

Owner Name: _____

Owner Address: _____

Phone: _____ Fax: _____ E-mail: _____

Operator Information

Operator Name: _____

Operator Address: _____

Phone: _____ Fax: _____ E-mail: _____

Dates and hours of operation: _____

Check all amenities available at this facility:

☐ Pool ☐ Wading Pool ☐ Spa ☐ Splash Pad ☐ Other**A weekly water sample must be submitted at least one week prior to opening date and results must be satisfactory.**Has the pool been remodeled or have operations of the pool changed? ☐ Yes ☐ No

If yes, please describe: _____
