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| Office Use: Permit #: _____ Date Issued: _____ Staff Initials: _____ |
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Morgan County Health Department
180 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: _____
