



# Application for a Swimming Pool/Spa Permit

ESTABLISHMENT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OWNER STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

POOL/SPA CONTACT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

RENEWAL LETTER MAILING STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PERMIT MAILING STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. OPENING DATE: \_\_\_\_\_ CLOSING DATE: \_\_\_\_\_ DAYS OPEN: \_\_\_\_\_ HOURS: \_\_\_\_\_
2. WILL THE POOL HAVE FOOD SERVICE (check one): YES NO
3. APPLICANT IS A(N) (check one): INDIVIDUAL ENTERPRISE PARTNERSHIP CORPORATION
4. POOL TYPE AS ENUMERATED IN 10-5-1-16 (check one): A B C D
5. IS THE POOL OPERATED BY A TAX-SUPPORTED UNIT OF THE GOVERNMENT (check one): YES NO
6. POOL WATER SURFACE AREA (square feet): POOL 1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_ 4: \_\_\_\_\_
7. POOL WATER VOLUME CAPACITY (gallons): POOL 1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_ 4: \_\_\_\_\_

Allen County Code, Title 10, Article 5, Chapter 2, Section 2, stipulates that "It shall be unlawful for any person to operate a swimming pool/spa in Allen County, Indiana, who does not possess a valid permit from the Health Officer."

### Permit Fee Schedule

PLEASE FILL IN THIS SECTION:

Permit Type	Fee	With Late Fee (+25%)
Annual Pool/Spa	\$450.00	\$562.50
Each additional Pool/Spa at same address	\$120.00	\$150.00
Seasonal Pool/Spa (May, June, July, August and/or September)	\$250.00	
Each additional Pool/Spa at same address	\$ 80.00	
Each tax supported unit of government pool	\$ 80.00	\$100.00

# of Pools (Annual): \_\_\_\_\_

# of Spas (Annual): \_\_\_\_\_

# of Pools (Seasonal): \_\_\_\_\_

# of Spas (Seasonal): \_\_\_\_\_

Total Late Fee Amount: \_\_\_\_\_

Grand Total Amount: \_\_\_\_\_

MAKE ALL CHECKS OR MONEY ORDERS PAYABLE TO: ALLEN COUNTY DEPARTMENT OF HEALTH

**NOTE:** Payments made by check that result in non-sufficient funds will result in the requirement for immediate payment to the Allen County Department of Health (plus an additional NSF check fee) via cash, money order or certified check within 5 business days. If payment is not received within 5 business days of notification, the establishment will be closed until fees are paid in full.

**COLLECTIONS NOTICE:** Any and all charges for services and permits are your sole responsibility and are to be paid in full upon application. In the event any legal proceeding must be instituted to recover the amount due, the Allen County Department of Health shall be entitled to recover the cost of the collections, including reasonable attorney fees.

**By signing below, I agree to ALL terms and conditions listed on this permit application.**

SIGNATURE OF APPLICANT(S) OR CORPORATE OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_

----- FOR OFFICE USE ONLY BELOW THIS LINE -----

\_\_\_\_\_  
Signature of Department of Health Employee

\_\_\_\_\_  
Date

Check #: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Clerk: \_\_\_\_\_