



2025 Pool Permit Application

Circle One:

Wading Pool	Whirlpool/Spa
Swimming Pool	Spray Ground
Therapy Pool	Dive Tank

Office Use Only	2025
Permit Fee <input type="checkbox"/> Yearly \$250.00 <input type="checkbox"/> Seasonal \$150.00	
2 nd @ same address <input type="checkbox"/> Yearly \$200.00 <input type="checkbox"/> Seasonal \$100.00	
<input type="checkbox"/> New Licensing Fee \$100.00	
<input type="checkbox"/> 50% Late Fee after December 31, 2024	
Check No. _____	Cash <input type="checkbox"/> Date Rec'd: _____
PERMIT No. _____	Date Sent: _____
Pool Classification _____	

Application must be filled out completely

Year Round Seasonal

Facility Information		Mailing Address for permits and invoices		Owner's Address	
		<input type="checkbox"/> Same as Facility information		<input type="checkbox"/> Same as mailing address	
Name of Facility		First Name	Last Name	First Name	Last Name
Address		Address		Address	
City, State, Zip		City, State	Zip	City, State	Zip
Email:		Email:		Email:	
Phone: ()	Fax: ()	Phone: ()	Fax: ()	Phone: ()	Fax: ()
Certified Pool Operator			POOL INFORMATION Please circle		
First Name		Last Name		City Water	Private Well
Address				Filter: Sand	Diatomite Cartridge
City, State		Zip		City Sewer	Private Septic
				Year of Construction/ Installation	
				Disinfectant Type	
				Chlorine	Bromine
Email:		CPO Renewal Date	Length	Width	Diameter
Office Phone: ()	Office Fax: ()		Average Depth	Water Surface Area	Pool Hours
Home Phone: ()	Cell Phone: ()			Sq. ft.	

Plans and specifications must be submitted to the State and the County PRIOR to any construction, rehabilitation, or alteration of any swimming pool or appurtenances thereof. 675 IAC 20-2-1

Signature	Print name	Date
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