

VANDERBUGH CO. HEALTH DEPT.

Environmental Health Section

APPLICATION FOR PUBLIC SWIMMING POOL OPERATION PERMIT

POOL INFORMATION:

Name of facility: _____

Street address of pool location: _____

Facility Type: Apartment Hotel/Motel Health Club School Public Other

Type of Pool(s) - (Check all that apply):

Permit Type: Annual Seasonal Indoor Outdoor Both

Number of Pools

<input type="checkbox"/> Main Pool	①	②	③	④	⑤
<input type="checkbox"/> Wading Pool	①	②	③	④	⑤
<input type="checkbox"/> Spa	①	②	③	④	⑤
<input type="checkbox"/> Other: _____	①	②	③	④	⑤

Date constructed or remodeled: Before Sept. 13, 1989 After Sept. 13, 1989

Lab Used for Water Samples: Health Department Other: _____

Dates of operation: Opening date _____ Closing date _____

Hours of operation: Opening time _____ Closing time _____

OWNER INFORMATION

Name of owner: _____

Mailing address: _____

Telephone: _____ Email _____

OPERATOR INFORMATION:

Name of pool operator: _____

Address: _____

Telephone: _____ Email _____

APPLICATION SUBMITTED BY:

Owner or operator: _____

Signature

Typed or printed name

Date : _____

OFFICE USE ONLY

Receipt No: _____ Amount Paid: _____ Date Received: _____

Check #: _____ Expires: _____ Staff Initials: _____