



St. Joseph County Health Department Pool/Spa Application

Permit Number: _____ Application Date: _____

Name of Establishment: _____

Physical Address of Establishment: _____

Mailing Address of Establishment: _____

City: _____ State _____ Zip _____

Business Telephone: _____ Business Fax: _____

Establishment Owner(s): _____

Certified Pool Operator (CPO): _____

Manager/Pool Operator: _____

Laboratory Used for Pool/Spa Water Testing: _____

Class of Pool: _____ Volume (Gallons): _____
(A, B, C, or D)

*The following fee schedule as established by the St. Joseph County Board of Health and hereby approved by the Board of Commissioners of St. Joseph County.
Resolution R-18-C-2015*

Type of Pool

Please check Only One

Annual Pool: \$135.00 _____ Annual Wading Pool: \$75.00 _____ Annual Spa: \$80.00 _____

Seasonal Pool: \$75.00 _____ Seasonal Wading Pool: \$50.00 _____ Seasonal Spa: \$55.00 _____

*****Government and Schools*****

Swimming Pool: \$75.00 _____ Wading Pool: \$50.00 _____ Spa: \$55.00 _____

Use a separate application for each pool and/or spa. There will be a 75% late fee for permits obtained after April 30th. Accepted payments; Business Checks, Money Order, Cashier's Checks, Visa/MasterCard. Fees will not be accepted after 4:00 p.m.

Signature _____

Date _____

FOR OFFICE USE ONLY!

Employee Initial _____ Permit Fee: _____

Transaction No. _____ Late Fee: _____

Date: _____ Total: _____