

JOHNSON COUNTY HEALTH DEPARTMENT

460 N Morton St., Ste. A, Franklin IN 46131

Office – 317-346-4365 Fax – 317-736-5264

**SWIMMING POOL CONSTRUCTION PERMIT APPLICATION**

Public and Semi-Public Facilities

**FEE \$100.00**

Date Filed: \_\_\_\_\_

Applicants Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email \_\_\_\_\_

Applicants Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**1. Pool/Spa Location:**

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Township: \_\_\_\_\_

Public/Semi-Public Facility (Apartment Complex/Housing Addition/School/etc.) \_\_\_\_\_

**2. Owner:**

Name & or Company/Owner Name: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**3. Architect/Designer:**

Name & or Company/Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**4. Pool Contractor:**

Name & or Company/Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**5. Pool Operator:**

Name & or Company/Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## **6. Construction Schedule**

Proposed Construction Start Date: \_\_\_\_\_

Proposed Construction Completion Date: \_\_\_\_\_ Proposed Opening Date: \_\_\_\_\_

## **7. Facility Information:**

Number of pools at site: \_\_\_\_\_ **PLEASE COMPLETE INFORMATION FOR "ALL TYPES" THAT APPLY**

(A) TYPE OF POOL(S) at site:

Swimming Pool \_\_\_\_\_ Wading Pool \_\_\_\_\_ Spa \_\_\_\_\_ Dive Well \_\_\_\_\_ Zero Depth \_\_\_\_\_ Slide Pool \_\_\_\_\_

(B) POOL(S) SHAPE & DIMENSIONS (rectangle/square/oval/round/kidney, etc.) (width & length):

#1 \_\_\_\_\_ Width \_\_\_\_\_ Length \_\_\_\_\_

#2 \_\_\_\_\_ Width \_\_\_\_\_ Length \_\_\_\_\_

(C) POOL(S) VOLUME (gallons): #1 \_\_\_\_\_ #2 \_\_\_\_\_

(D) POOL(S) DEPTH (maximum): #1 \_\_\_\_\_ #2 \_\_\_\_\_

(minimum): #1 \_\_\_\_\_ #2 \_\_\_\_\_

## **8. Circulation Systems:**

(A) PUMP SIZE: #1 \_\_\_\_\_ #2 \_\_\_\_\_

(B) FILTRATION SYSTEM: #1 \_\_\_\_\_ #2 \_\_\_\_\_

(C) SKIMMER SYSTEM: #1 \_\_\_\_\_ #2 \_\_\_\_\_

## **9. Disinfection System:**

(A) CHLORINE: #1 \_\_\_\_\_ #2 \_\_\_\_\_

(B) BROMINE: #1 \_\_\_\_\_ #2 \_\_\_\_\_

(C) OTHER: #1 \_\_\_\_\_ #2 \_\_\_\_\_

## **10. Water / Sewage System:**

(A) WATER: Municipal \_\_\_\_\_ Well \_\_\_\_\_

(B) SEWAGE: Municipal \_\_\_\_\_ Septic \_\_\_\_\_

(C) PROPOSED DRAINAGE OUTLET LOCATION:

Sewer \_\_\_\_\_

Creek (name) \_\_\_\_\_

Lake / Pond (location) \_\_\_\_\_

**Signature of Applicant/Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Fee: \$100.00**

**last save date: 11/5/2018**