

LAPORTE COUNTY HEALTH DEPARTMENT

PLEASE CIRCLE:

Pool Wading Pool
Dive Tank Spa Facility

Office Use Only

2005

Permit Type:

- Permit Fee \$50
 New Licensing Fee \$50
 10% Late Fee after December 31, 2004

Cash _____ Check No. _____

PERMIT#: _____ Date Received: _____

1. Name of Pool Facility _____ Phone # _____

2. Address of Pool Facility _____ Fax # _____

3. Owner(s) of Pool Facility _____

Owners Address _____

4. Mailing Address _____

5. Manager of Pool Facility _____

Phone # _____ Pager or cell # _____

6. Certified Pool Operators (include copy of license) _____ Expiration (yr) _____

Address _____

Phone # _____ Pager# or cell phone _____

PLEASE CIRCLE:

7. City Water and sewer or Private well and septic

8. Type of Filter: Sand Diatomite Cartridge Other _____

9. Disinfectant Type: Chlorine _____ Bromine _____ Other _____

10. CAPACITY: Pool _____ Gals. Spa _____ Gals. Wading _____ Gals.

11. Dimensions: Length _____ Width _____ Average Depth _____

12. Person(s), other than above, in charge of pool facility:

Name Phone Hours in Charge

13. Days Pool will be open _____ Hours _____

Seasonals:

14. Opening Date _____ Closing Date _____

Form Completed by: Name _____ Title _____