



JOHNSON COUNTY HEALTH DEPARTMENT

Courthouse Annex
86 West Court Street
Franklin, Indiana 46131

317-346-4365
Fax 317-736-5264

NEW SWIMMING POOL APPLICATION

Complete and return this application to the Johnson County Health Department for processing. Your pool license must be obtained before the facility may be opened for use. Failure to obtain your license before usage will be cause to double your pool license fee. This license expires May 31, of the following year.

Pool Name: _____

Pool Site Address: _____

Owner's Name: _____ Owner's Phone: _____

Owner's Mailing Address: _____

License Mailing Address: _____

Manager/Operator Name(s): _____

Manager/Operator Address: _____

Manager's Phone: _____ Manager's E-Mail Address: _____

Number of Pools on the property: _____ Pools; _____ Spas; _____ Wading Pools

**YOUR FEE HAS BEEN ESTABLISHED USING THE FOLLOWING TABLE IN ACCORDANCE WITH
AND ESTABLISHED BY JOHNSON COUNTY ORDINANCE 2004-15.**

A pool license grants permission to inspect such facilities.

Please select one category for the facility being licensed.		Fee:
CATEGORY:	Swimming Pools/Spas or Beaches operating only during summer months.	\$75.00
	Swimming Pools/Spas operating year round or for periods longer than the summer months of May, June, July, August, & September.	\$150.00
	Tax supported unit of government is exempt from the payment of the above prescribed fees.	No FEE

Please submit \$ _____.

Make checks payable to: Johnson County Health Department. Call (317) 346-4365 for assistance.

Applicants Signature: _____



Applicants Name: _____

Title: _____ Date: _____

To pay via Visa/Master card, please call the office at 346-4366.