

JOHNSON COUNTY HEALTH DEPARTMENT

86 W. Court Street, 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: _____

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: _____ **Sign Here** **Date:** _____

Fee: \$100.00