



**Public and Semi-Public Swimming Pool Application**

**Pool Information**

Name of Pool: \_\_\_\_\_

Pool Address: \_\_\_\_\_

Facility Phone: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

**Owner Information**

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Owner Phone: \_\_\_\_\_ Owner Email: \_\_\_\_\_

**Operator or Pool Management Company Information**

Operator Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*Please make sure information is accurate so that HCHD can contact the owner and/or the pool operator for inspection closures or questions.\*

**Operational Information**

Pool Type (check one):  Competition  Diving  Fitness  Lap  Program

Rehabilitation  Spa  Swimming  Wave  Wading  Zero Depth  Splash

Pool Shape: \_\_\_\_\_ Year Built: \_\_\_\_\_

Pool Size (gallons): \_\_\_\_\_ Surface Area (sq. feet): \_\_\_\_\_

Disinfection Type (circle one): Chlorine (dry, liquid, salt)  Bromine |  Other

Snack Bar/Food Service:  Yes |  No

Will certified lifeguards or a monitor be present when pool is open?  Yes |  No

If YES, How many? \_\_\_\_\_ (make sure all lifeguards have certification on site)

Opening Date (seasonal) \_\_\_\_\_ Closing Date (seasonal) \_\_\_\_\_

Access Information (gate codes, lock box, fob, etc.) \_\_\_\_\_

**Fee Schedule:**

Seasonal Fee \$100

Year-Round Fee \$175

**\*Fees are to be paid once the opening inspection has been completed by HCHD. This inspection must take place prior to the facility opening to the public. \***

**Items Required with Application Submittal:**

- Public and Semi-Public Swimming Pool Application (one each individual pool please).
- Copy of the approved IDHS design plans.
- Copy of the IDHS Design Release form.
- Copy of the local Building/Planning permit.

**\*All applications and plan review materials must be submitted to HCHD at least 30 days prior to construction completion. \***

Applications can be submitted on-line to [health@hamiltoncounty.in.gov](mailto:health@hamiltoncounty.in.gov) or mailed to: Hamilton County Health Department at 18030 Foundation Drive, Suite A, Noblesville, IN 46060.

All checks when submitted, should be made payable to: Hamilton County Health Department. Credit card payments must be made in person.