

Porter County Health Department 2018 Public/Semi-Public Pool Permit Application

“Public Pool” means any pool other than those defined as a semi-public pool, which is intended to be used for swimming or bathing and is operated by a concessionaire, owner, lessee, operator, or licensee, regardless of whether a fee is charged for use. Nothing in this article shall be construed as applying to any pool, constructed at a one or two family dwelling, and maintained by an individual for the sole use of the household and house guests.

“Semi-public pool” means any pool that is intended to be used for swimming or bathing and is operated solely for and in conjunction with: (1) schools, universities, and colleges; (2) hotels, motels, apartments, condominiums, bed and breakfasts, or similar lodgings; (3) camps or mobile home parks; (4) membership clubs and associations. Nothing in this article shall be construed as applying to any pool, constructed at a one or two family dwelling, and maintained by an individual for the sole use of the household and house guests.

“Pool” means any structure, basin, chamber, or tank containing an artificial body of water for swimming, bathing, competition, relaxation, or recreational use.

In accordance with Ordinance #08-23, passed by Porter County Board of Commissioners on August 19, 2008, the annual permit fee for Pools in Porter County are as follows:

Full Year – A Pool operating more than the months of May – September

Annual Permit Fee: **\$50 per pool** if paid on or before December 31
 \$60 per pool if paid after December 31.....includes \$10 late fee

Partial Year- A Pool operating only through summer May – September

Annual Permit Fee: **\$25 per pool** if paid on or before December 31
 \$35 per pool if paid after December 31.....includes \$10 late fee

NOTES: Permit fees are Non Refundable and Non Transferable

Please complete this application **IN FULL** and return it with the appropriate permit fee to:
Porter County Health Department, 155 Indiana Ave, Ste 104, Valparaiso IN 46383

The Pool Permit and receipt will be mailed to you upon receipt of this application and the appropriate annual permit fee. The Pool Permit must be posted on the premises. If you have any questions, please contact the Health Department at (219)-465-3525.

FAILURE TO SUBMIT THIS PERMIT APPLICATION AND FEE MAY RESULT IN THE CLOSURE OF YOUR ESTABLISHMENT’S POOL(S).

Name of Facility <input type="checkbox"/> Mail Correspondence to Facility Address	
Address	City, State, and Zip
Phone	Fax
Certified Pool Operator (Certification must be enclosed) <input type="checkbox"/> Staff or <input type="checkbox"/> Third Party	

Pool Type(s): Pool Spa Kiddie Pool Wave Pool Wading Pool Plunge Pool Other _____

If Partial Year, list months of operation: _____

Corporation Name (if applicable) <input type="checkbox"/> Mail Correspondence to Corp/Owner Address	
Owner’s Name	
Business Address	City, State, and Zip Code
Phone	Fax

Signature _____ Amount Enclosed \$ _____

NOTES: Make checks payable to Porter County Health Department
 Prior to any construction, rehabilitation, or alteration of any pool, plans and specifications **MUST** be sent to the Indiana Department of Homeland Security per 675 IAC 20-2-1.
 Applications for the following year will not be accepted before Oct 1st