



FLOYD COUNTY HEALTH DEPARTMENT

1917 BONO ROAD • NEW ALBANY, INDIANA 47150

PHONE (812) 948-4726 • FAX (812) 948-2208

WEBSITE: WWW.FLOYDCOUNTYHEALTH.ORG

Office Hours: Monday – Friday, 8:00 AM – 4:00 PM

Application for Public and/or Semi-Public Swimming Pool Permit

Facility Name: _____

Contact Name: _____

Facility Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Fax: _____

Office Phone: _____

E-mail: _____

Owner Name: _____

Owner Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

*Please note pool permits are non-transferable. Permit(s) issued apply only to the above owner. A new permit must be obtained whenever there is a change of ownership. The pool permit(s) issued applies only to the above-specified establishment and cannot be used to cover a different establishment or location.

Certified Pool Operator: _____

Cell phone: _____

Certification Expiration Date: _____

*******MUST ATTACH COPY OF CPO CERTIFICATE TO APPLICATION OR PERMIT WILL NOT BE GRANTED**

Hours of Operation: _____ Dates of Operation: _____
(Seasonal Only)

1. Has the pool been remodeled or have the operations of the pool changed in the past year?

YES NO

If yes, please describe _____

I, the undersigned, do now affirm under penalties of Perjury that the foregoing information and/or representations are true and that each facility will meet State and local requirements of the Health Department of Floyd County, Indiana.

Print Name: _____

Signature: _____ Date: _____

For Office Use Only

Receipt#: _____ Amount Paid: _____

Date Payment Received: _____ Permit #: _____