

Henry County Health Department

1201 Race Street, Suite 208
New Castle, Indiana 47362-4653
765.521.7056 [office] 765.521.7057 [fax]
henryco.net



Public Health
Prevent. Promote. Protect.

Public and Semi-Public Pool and/or Spa Permit Application

Name of Establishment _____

Address _____ City _____ Zip _____

Tax ID _____ Telephone _____

Name of Owner/Corporation _____

Address _____ City _____ Zip _____

Email Address _____ Fax _____

Dates of Operation _____

Hours of Operation _____

Pool Water Surface Area (ft²) _____ Pool Water Volume Capacity (gallons) _____

Pool Manager/CPO _____

Send Mail To (please select one): Establishment Owner/Corporation Email

Required Permit Fee (seasonal is operating May, June, July, August, and September only):

annual:	\$150.00
seasonal:	\$75.00
additional fee for each additional pool or spa:	\$50.00

I/we attest that the above information is accurate to my/our knowledge at this time. I/we further agree to comply with all applicable Henry County, Indiana ordinance and laws to include allowing the Henry County Health Department access to the establishment as required. I/we understand that this permit is non-transferable and that the associated fees are non-refundable. I/we further understand that a 25% delinquent permit renewal fee will be added after 30 days to all late renewals.

Signature _____ Date _____

For Office Use Only:

Permit/Receipt Number _____

Permit Fee Paid _____

Issue Date _____

Expiration Date: _____