

Pool and Spa Permit Application

Send completed application with payment to:

Hendricks County Health Department
355 South Washington St. G30, Danville, IN 46122
Phone (317) 745-9217 • Fax (317) 745-9218



Public Health
Prevent. Promote. Protect.

Hendricks County Health Department

Facility Information

Name: _____ Fee Due: \$200

Address: _____

Phone: _____ E-mail: _____

***E-mail address where inspection reports will be sent:** _____

Please list dates and hours of operation: _____

Owner Information

Name: _____

Address: _____

Phone: _____ E-mail: _____

Operator Information

Name: _____

Address: _____

Phone: _____ E-mail: _____

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

1. Has the pool been remodeled or have operations of the pool changed? Yes No

If yes, please describe below or on back the back of the application if additional space is required.

2. Is this facility in compliance with 410 IAC 6-2.1-32(e) (the Virginia Graeme Baker Pool and Spa Safety Act, 15 U.S.C. 8001-8008?) Yes No

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 Hendricks County, Indiana.

Signature: _____ Date: _____

(Owner or responsible representative)

For office use only: Receipt # _____ Receipt Amount \$ _____ Date Payment Received: _____