

Lake County Health Department 2900 W 93rd Ave., Crown Point, Indiana 46307 219-755-3655



Swimming Pool Permit Application

1.	Name of Pool/Facility:			
2.	Address at Pool/Facility:			
3.	Phone # of facility:	Fax #	Email	
4.	Correspondence Mailing Address:			·
5.	Manager of Pool:	Phone #	Fax #	
6.	# of pools at Facility: # Indoor	# spa / hot tub / Jacuzzi # wading / children's pools	# other structures	
7.	Do you have a Certified Pool Operator 'CPC	O' on site to maintain the pool? : yes	no	
	If yes: CPO name: CPO license #:			
8.	Do you have a CPO Contracted Company/person that maintains pool? : yes no			
	If yes: Name of Company/person			-
9.	Do you maintain the pool in-house without	either of the above CPO options? : yes	no	
10.	Contact person for water quality issues:	phone #	email	
11.		phone #	email	
12.	Days and Hours of operation: M T W TI		openclose	
13.	For Seasonal Pools: Date pool opens: (approx)	Date poo	l Closes:	
Nai	ne & Title of Person Responsible for Comple	eting This Form (please print):		
sign	nature	printed name	title	