

BOONE COUNTY HEALTH DEPARTMENT

116 W. WASHINGTON STREET - LEBANON, IN 46052

www.boonecounty.in.gov

ENVIRONMENTAL DIVISION
SUITE B201
(765) 483-4458
(765) 483-5243 FAX



NURSING & VITAL RECORDS DIVISION
SUITE B202
(765) 482-3942
(765) 483-4450 FAX

BOONE COUNTY
HEALTH DEPARTMENT

ANNUAL SWIMMING POOL APPLICATION

Facility Name: _____ Owner: _____

Facility Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____

1st pool size (gallons): _____ Pool dimensions: _____

2nd pool size (gallons): _____ Pool dimensions: _____

Hot Tub/Spa (gallons): _____

Management Company: _____ Contact Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____

Pool Operator Service: _____ Contact Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____

Person in Charge (*must be readily available during business hours*): _____

Office Phone: _____ Cell Phone: _____ Email: _____

*Fees are on reverse side. Please make checks payable to "Boone County Health Department." If you would like to use a credit card, contact our office at 765-483-4458.

Please note pool permits are non-transferable and non-refundable. The pool permit issued applies only to the above-specified owner/facility and cannot be used to cover a different owner, facility or location.

I, the undersigned, hereby certify the above information and representations are true and that the facility will meet State and local requirements of the Health Department of Boone County, Indiana (Ordinance #2008-16, 410 IAC 6-2.1, 675 IAC 20-1, 2, 3).

Signed _____ Date _____
(Owner or legally responsible representative)

[For Health Department Use Only]

Date Payment Received: _____ Amount Received \$: _____ Receipt #: _____

Water Sample Received: _____ Pre-Opening Inspection (date/time): _____

Permit Approved by: _____ Date Permit Issued: _____ Permit #: _____

EXHIBIT A

PERMIT FEES-ENVIRONMENTAL HEALTH DIVISION
BOONE COUNTY HEALTH DEPARTMENT

Onsite Sewage System Permits (410 IAC 6-8.2)

Residential

New Installation Application Fee	\$150.00
Permit Fee	\$100.00

Commercial

Application Fee (if local review)	\$150.00
Permit Fee	\$200.00

Septic Installer Registration Fee	\$25.00
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Well Permits

Well and Well Pump	\$60.00
Well Only	\$30.00
Well Pump Only	\$30.00
Well Driller's/Pump License-First License	\$25.00
Each Additional Driller/Pump License	\$5.00

Public and Semi-Public Swimming Pools Permits

Year Round	\$150.00
Seasonal	\$150.00
Additional	\$100.00
Plan Review	\$100.00

Food Protection Program Permits

New Plan Review	\$150.00
Bed and Breakfast (B&B)	\$100.00

Food Establishment

(As defined in Title 410 IAC 7-24 as amended from time to time)

Menu Type 1	\$175
Menu Type 2	\$225
Menu Type 3	\$275
Menu Type 4	\$325
Menu Type 5	\$400

Temporary Food Establishment	\$70.00 per event
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Multi Event Temporary	\$210.00
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Commissary	\$100.00
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Mobile Food Establishment

Prepackaged Foods retailed only	\$50.00
Prepares/Serves ready to eat foods	\$140.00

Farmer's Market

Farmer's Market Food Establishment	\$70.00 one market
Farmer's Market Food Establishment	\$140.00 multiple markets

Tattoo, Piercing, and Body Modification

New Plan Review	\$100
Establishment	\$300
Artist	\$75 per artist
Temporary Event	\$75 per artist

*Late fees for Tattoo, Piercing, and Body Modification Establishment, Food Establishment and B&B Permits will be \$100.00 if the permit is renewed after January 1st (excluding new establishments). All other permits, the late fee will be double the amount of the permit fee.