



**APPLICATION
PUBLIC BATHING FACILITY CONSTRUCTION/RENOVATION
MARION COUNTY, INDIANA**

PERMIT AND PROPERTY INFORMATION	
Facility Name:	
Property Address:	
Owner:	Phone:
Owner Address:	
Applicant Name:	Phone:
Applicant Company:	
Applicant Address:	
Onsite Contact:	Phone:
Pool Location:	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Indoor/Outdoor
Pool Type:	<input type="checkbox"/> Adult Pool <input type="checkbox"/> Adult with Wading Area <input type="checkbox"/> Competition <input type="checkbox"/> Diving <input type="checkbox"/> Interactive Water Fountain <input type="checkbox"/> Slide Plunge Pool <input type="checkbox"/> Spa <input type="checkbox"/> Spray Pad <input type="checkbox"/> Therapy Pool <input type="checkbox"/> Wave Pool <input type="checkbox"/> Other:
Pool Class	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
State Project Number:	
POOL DESIGN SPECIFICATIONS	
Pool Surface Area (ft ²):	Pool Volume (gallons):
Deck Surface Area (ft ²):	Pool Perimeter (ft):
Minimum Depth (ft):	Maximum Depth (ft):
Required Turnover Rate (hours):	Design Turnover Rate (hours):
Required Flow Rate (gpm):	Design Flow Rate (gpm):
Primary Disinfectant:	<input type="checkbox"/> Bromine <input type="checkbox"/> Calcium Hypochlorite <input type="checkbox"/> Sodium Hypochlorite <input type="checkbox"/> Trichlor <input type="checkbox"/> In-Line Chlorine Generator (salt) <input type="checkbox"/> Other:
Secondary Disinfectant:	Number of Main Suction Outlets:
Main Suction Outlet Location: <input type="checkbox"/> Wall <input type="checkbox"/> Floor	Main Suction Outlet Flow Rating (gpm):
Main Suction Outlet Make, Model, and Size:	
Hydrostatic Relief Valve Make and Model:	<input type="checkbox"/> N/A
Surface Water Overflow: <input type="checkbox"/> Gutter <input type="checkbox"/> Skimmer	Number of Skimmers:
Equalizer Lines: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Return Inlets:
Filtration Type: <input type="checkbox"/> Cartridge <input type="checkbox"/> Diatomaceous Earth <input type="checkbox"/> High-Rate Sand <input type="checkbox"/> Other:	
Filter Make and Model:	Filter Area Per Element (ft ²):

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Marion County Public Health Department
3901 Meadows Dr Indianapolis, IN 46205

Filter media Rate Per Element (gpm/ ft ²):	Filtration Rate Per Element (gpm):	
Number of Filter Elements:	Filter Location: ___Pressure ___Vacuum	
Underwater Lighting: ___ Yes ___ No	Number of Egress Methods:	
Source Water: ___Municipal ___Well	Wastewater Disposal: ___Municipal ___Septic	
Distance of Bathhouse from Pool (ft):	Fence Height (ft):	___N/A
Recirculation Pump Make and Model:		
Pump Horse Power:	Maximum Pump Capacity (gpm):	
Total Dynamic Head:	Backwash Pump: ___Yes ___No	
Number of Toilets: ___F ___M ___Unisex	Number of Urinals:	
Number of Lavatories: ___F ___M ___Unisex	Number of Showers: ___F ___M ___Unisex	
Drinking Water Fountain: ___Yes ___No		
Variances:		
Additional Information:		
I hereby certify that to the best of my knowledge the above information is correct.		
Signature:		
Printed Name:		Date:
For Office Use Only	Date Received:	
Date Approved:	Approved By:	

Instructions

One application must be completed for each pool being constructed or re-constructed. The Marion County Public Health Department needs the following to begin the permit review process. Once all needed information is received a review will be completed within 10 business days.

1. \$100 construction permit fee per application
2. Complete and signed Public Bathing Facility Construction/Renovation Application
3. Detailed design plans in electronic format with the seal of either an architect or engineer registered in the state of Indiana
4. State design release

If construction on the above pool(s) has begun without first obtaining a swimming pool construction permit from the Marion County Health Department, an additional fee of \$200.00 will be imposed.

Once a permit has been issued the applicant or owner must contact the Marion County Public Health Department to schedule a main outlet inspection prior to the shell of the pool being poured and a final inspection after the pool construction is completed, the pool has been filled with water, and all equipment has been installed.

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