

Community Name

APPLICATION TO OPERATE A SWIMMING POOL/SPA_{CS}

Anyone operating a public, semi-public or special purpose pool or spa must have a current Permit from the Board of Health posted.

All Permits expire December 31 unless otherwise stated; must be renewed at least 60 days prior to expiration/ the start of operations.

<input type="checkbox"/> Renewal Application <input type="checkbox"/> Renewal/Late Application <input type="checkbox"/> New Application, attach plans <input type="checkbox"/> Revised Application
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BUSINESS CONTACT INFORMATION

Note: Any change in ownership or operations requires a new permit application and filing fee. *Required Information.			
*Applicant/Requester		*Property Owner	
*Business Name		*Site Address	
*Mailing Address		Assessor Map/Lot #	
*Phone Fax		*24/7 Contact Person	
*E-mail		*24/7 Phone	
Comments			

PERMIT DETAILS

<i>In accordance with 105 CMR 435.000 Minimum Standards for Swimming Pools, State Sanitary Code, Chapter V</i>			
*Permits Requested Check all that apply	<input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Wading <input type="checkbox"/> Special Purpose <input type="checkbox"/> Water Slide <input type="checkbox"/> Other, describe _____	** Pools/Spas Onsite <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Note: additional \$75/ pool/spa	Fee _____
*Operating Period	<input type="checkbox"/> Seasonal (\$150) <input type="checkbox"/> Annual (\$225) <input type="checkbox"/> Fair/Event	<input type="checkbox"/> Pre-Opening Inspection scheduled on Inspection Request Application	
*Operating Dates	Start: _____ End: _____	*Hours of Operation	
*Number Life Guards	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 +	*Certified Pool Oper.	
Comments			

CERTIFIED POOL OPERATOR (CPO) INFORMATION

Note: If CPO is not yet known, application can be processed but final permit cannot be issued.			
*Certified Pool Operator		*CPO Certificate #	
*Phone	*Email	<input type="checkbox"/> CPO Certificate attached <input type="checkbox"/> CPO not attached	
*Exp. Date			
Comments			

FACILITY INFORMATION

Note: If this is a new Pool or Spa, attach the New Pool Form			
*Drinking Water	<input type="checkbox"/> Public <input type="checkbox"/> Private (attach water test)	*Garbage/Trash	<input type="checkbox"/> Contractor _____ <input type="checkbox"/> Transfer Station
*Sewage Disposal	<input type="checkbox"/> Public <input type="checkbox"/> Private Onsite <input type="checkbox"/> Portable Toilets	*Toilets #	Showers #
*Food Service	<input type="checkbox"/> None <input type="checkbox"/> Yes, complete Food Establishment Application if other than vending machine/ snacks served.		
Comments			

POOL/SPA INFORMATION

	Pool #1	Pool #2	Pool #3	Pool #4	Pool #5
Pool Vol. in Gals.					
Pool Length					
Pool Width					
Pool Size in Sq. Ft					
*Bather Load					
Max. # Swimmers					
# Life Guard: Yes, Attach Certificates	<input type="checkbox"/> No <input type="checkbox"/> Yes, certificates attached	<input type="checkbox"/> No <input type="checkbox"/> Yes, certificates attached	<input type="checkbox"/> No <input type="checkbox"/> Yes, certificates attached	<input type="checkbox"/> No <input type="checkbox"/> Yes, certificates attached	<input type="checkbox"/> No <input type="checkbox"/> Yes, certificates attached

Swimming Area S.F.					
Non-Swimming S.F.					
Diving Area in S.F.					
Diving Depth in Ft.					
Number Skimmers					
Skimmer Weir L in Ft.					
Decking Type					
Decking Width in Ft.					
Fence Height in Ft.					
Filter Type					
Filter Area in S. F.					
Circulation Gal/Min.					
Backwash Gal/Min.					
Turnover in Hours					
Rate in Hours					
*Water Treatment Method/System					
Capacity in Gallons or Tablets					
Pool Testing Records					
Comments					

FEES

1. Basic Fee must accompany application and is not refundable or transferrable. **Call for current Fee Schedule.**
2. All permits expire December 31 unless otherwise stated and must be renewed at least 60 days before expiring or the start of operations.
3. Applications received after December 1 or less than 60 days before starting operations will be charged a late fee of \$50 for each week late.

<input type="checkbox"/> *Basic Fee	\$ 150	<input type="checkbox"/> Late Fee	\$50
<input type="checkbox"/> Additional Fees	\$	<input type="checkbox"/> Total Fee Paid	\$ _

AGREEMENT

- *I affirm that I will comply with all state and local codes and allow the Board of Health access for inspections as required by law.
- *By checking this box and signing this application I certify that I comply with M.G.L c. 152, s.25(c), Workman’s Comp Laws
- *I affirm that before updating or making changes to my facility, staff or operations; I will obtain permission and inspections from the Health, Building and Fire Departments as required by law.
- *By submitting this application, I certify under pains and penalties of perjury pursuant to MGL Ch. 62, sec. 49A that to the best of my knowledge and belief all state tax returns have been filed and all state taxes paid as required by law.

SIGNATURE

*I affirm and certify that the information provided is true, I am 18, the owner of the establishment referenced in this application or an authorized representative/agent with authority to apply for this permit and grant the Board of Health access for inspections as allowed by law.

Name/Title		*Date of Application:	
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