2016 ANNUAL POOL PERMIT APPLICATION

FEE: Annual Pool: $200.00, Seasonal Pool: $150.00 Special purpose pool/Spa/Jacuzzi: $125.00
Wading Pool: $100.00

Fill out one application for each type of pool. An Application is hereby made for a permit to operate a public or semi-public swimming pool. This pool is to be operated according to the Minimum Standards for Swimming Pools (Article V of the Sanitary Code) 105 CMR 435.00.

Type of Pool (Click or check all that apply)

___ Annual Swimming Pool ___ Seasonal Swimming Pool ___ Wading Pool

___ Special Purpose Pool (Spa/Hot tub/Whirlpool/Jacuzzi

Establishment Name _____

Business Address Street _____

BUSINESS ADDRESS

Business Owner's Name _____

Mailing Address (Street/Unit Number) _____

City/Town _____

State _____ Zip Code_____Business Phone Number_____

Business Email _____

BUSINESS OWNER HOME ADDRESS (PRIMARY ADDRESS)

Name_____

Street Address / Unit Number _____

City/Town _____

State _____Zip Code _____

Home Phone Number_____Mobile number _____

Email_____

MANAGERS HOME ADDRESS (PRIMARY ADDRESS)

Name_____

Street Address / Unit Number _____

City/Town _____

State _____Zip Code _____

Home Phone Number_____Mobile number _____

Email_____

EMERGENCY CONTACT

Name_____

Street Address / Unit Number _____

City/Town _____

State _____Zip Code _____

Home Phone Number_____Mobile number _____

ESTABLISHMENT INFORMATION

Access Type ○ Public ○ Semi Public

Bathing Area _____**Square Feet** **Turnover Rate**_____
(Number) (Number)

Total Gallons _____ **Bather Load** _____
(Number) (Number)

Source of Water: ◯ **Public** ◯ **Private** **Other (Specify)**_____

Disposal of Sewage and Waste Water ◯ **Public** ◯ **Private** **Other (Specify)**_____

METHOD OF WATER TREATMENT

Filtration systems: ◯ **Diatomaceous Earth with Separation Tank**

◯ **Sand** ◯ **Cartridge Filters** **Other:** _____

Turn-over rate in hours _____

Chemical Sanitizers: ◯ **Chlorine** ◯ **Bromine** **Other:** _____

Automatic Chlorinator: ◯ Yes ◯ No Capacity _____
(pounds per 24 hrs. per 10,000/15,000 gal)

Skimmers:

In the wall_____number_____

Main Drain(s):

Anti-vortex in design: ◯ Yes ◯ No

Covers can only be removed with use of tools: ◯ Yes ◯ No

Emergency shut off switch for special purpose pool: ◯ Yes ◯ No ◯ N/A

Number of Lifeguards required at all times pools is open _____
(Number)

Emergency communication available ◯ **Yes** ◯ **No**

Emergency phone numbers posted ◯ **Yes** ◯ **No**

CERTIFIED POOL OPERATOR

Full Name _____

Phone Number _____

Email _____

Has Certified Pool Operator License ☐ **Yes** ☐ **No** **Exp. Date** _____
(PROVIDE COPY)

First Aid Certified ☐ **Yes** ☐ **No** **Exp. Date** _____

Applicant's Signature: _____

Date: _____