



# CITY OF MARLBOROUGH

## BOARD OF HEALTH

140 Main Street, Lower Level  
Marlborough, Massachusetts 01752  
Facsimile (508) 460-3638 TDD (508) 460-3610

Joseph Tennyson, MD, Chair  
James Griffin, Vice Chair  
Phillip Short, Member  
Tel (508) 460-3751

### Application for Permit to Operate a Bathing Beach

Date of Application: \_\_\_\_\_

City/Town: \_\_\_\_\_

Beach Name: \_\_\_\_\_

Beach Operator Name: \_\_\_\_\_

Operator Address and Phone Number: \_\_\_\_\_

\_\_\_\_\_

Address/Location of Beach: \_\_\_\_\_

Water Body: \_\_\_\_\_

Dates of Operation of Beach: From \_\_\_\_\_ to \_\_\_\_\_

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For Board of Health Use Only

Does this beach meet the criteria set forth in 105 CMR 445.000? YES / NO (circle one)

APPROVED / DENIED (circle one) If Denied, Reason: \_\_\_\_\_

\_\_\_\_\_

Board of Health Member/Agent: \_\_\_\_\_

Permit granted on \_\_\_\_\_ and expires on \_\_\_\_\_, pending submittal  
of a renewal application at least 30 days prior to expiration.

Permit Number: \_\_\_\_\_

Fee Collected: \_\_\_\_\_