



Board of Health
 212 Main Street
 Northampton, MA 01060
 Tel: (413) 587-1214 • Fax: (413) 587-1221
 Director of Public Health: Merridith A. O'Leary, R.S.

**FOR BOARD OF HEALTH
 USE ONLY**
 Amt Received: _____
 Cash/Check No: _____
 Received by: _____
 Workers Comp Affidavit

2019 APPLICATION FOR PERMIT TO OPERATE A BATHING BEACH

PERMIT FEE: \$100.00 ALL FEES PAID ARE NON-REFUNDABLE

NO PERMITS WILL BE ISSUED IF TAXES ARE OWED

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON

Beach Name: : _____ Date of Application: _____

Beach Address: _____

Mailing Address: _____

Email Address: _____

Applicant/Operator Name and Title: _____

Applicant Address: _____ Applicant Telephone #: _____

Owner Name & Title (if different from applicant): _____

Owner Address: _____

Dates of Operation of Beach: From _____ to _____

Sampling Frequency (if not weekly, please explain): _____

Are Field Data Forms completed in full for each sampling event? _____

Has Board of Health received timely notification of any exceedances/closures? _____

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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 Inspector: _____

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