



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	<input type="checkbox"/>
CPO Certification	<input type="checkbox"/>
Bather Load #	<input type="checkbox"/>

2019 APPLICATION FOR PERMIT TO OPERATE A POOL/HOT TUB/FLOAT TANK/WATER SLIDE APPLICATION

ALL FEES PAID ARE NON-REFUNDABLE

NO PERMITS WILL BE ISSUED IF TAXES ARE OWED

Application is hereby made for a permit to operate a public, semi-public, swimming, wading, specialty pool, hot tub, or water slide. This pool, tub or slide is to be operated according to the minimum standards for swimming pools set forth in 105 CMR 435.000 chapter V: Minimum Standards for Swimming Pools.

Establishment Name: (dba): _____ Establishment Tel.#: _____

Establishment Address: _____

Mailing Address: _____

Email Address: _____

Applicant Name and Title: _____

Applicant Address: _____ Applicant Telephone #: _____

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

Owner Address: _____

Establishment Owned by (Check one Box) Please attach List of Corporate and Partnership Officers

An Association
 A Corporation
 An Individual
 A Partnership
 Other Legal Entity

If a Corporation or Partnership, give Name, Title, and Home Address of Officers or Partners

Name	Title	Home Address

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON

Name of Person in Charge: _____

Signature of Applicant or Corporate Signature: _____

POOL, TUB, OR SLIDE ESTABLISHMENT INFORMATION

Days, and Hours of Operation: _____

PLEASE ATTACH COPIES OF CERTIFIED POOL OPERATOR

Name of CERTIFIED POOL OPERATOR: _____

PLEASE ATTACH COPIES OF ALL LIFE GUARDS

Name of LIFE GUARDS: _____

Check all that apply and complete the following

√	Pool, Tub, Slide Type	License Fees	Pool Type	Length	Width	Volume	Maximum Bather Load
	Annual Pool	\$250.00 per pool					
	Seasonal Pool	\$150.00 per pool					
	Hot Tub	\$37.50 per tub					
	TOTAL	PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON					

Water Source: <input type="checkbox"/> Public <input type="checkbox"/> Well Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Well

Treatment System (Kinds of Filters, ect)	
Disinfection Method (Type, capacity, ect)	
Chemical Treatment (Feeders, capacity, quantity)	
Turn Over Rate	

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that this application to operate a pool, tub, or slide will comply with 105 CMR 435.000 Chapter V: Minimum standards for swimming pools and all other applicable law.

Signature of Applicant: _____

Pursuant to MGL Chapter 62C, section 49A, I certify under the penalties of perjury that, to my best knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.