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| FOR BOARD OF HEALTH | DATE RECEIVED: | DATE ISSUED: | PERMIT NO. SWI - | YEAR 2011 |
|---------------------|----------------|--------------|---------------------|-----------|

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

CASH

CHECK



NORTHAMPTON BOARD OF HEALTH
212 MAIN STREET
NORTHAMPTON, MA 01060
(413) 587 - 1214

LICENSE FEE:
- Pools & Specialty Pools -
\$150 seasonal / \$250 year round

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.

Date _____

Name of Establishment _____

Business Address _____

Mailing Address (If different) _____

Name & Title of Applicant _____

Address of Applicant _____

Name of Owner (If different) _____

If corporation or partnership, give name, title & home address of officers or partners.

| | | |
|-------------|--------------|---------------------|
| <u>Name</u> | <u>Title</u> | <u>Home Address</u> |
|-------------|--------------|---------------------|

REQUIRED – Name of CERTIFIED POOL OPERATOR:
(NOTE: A copy of individual's certificate must be on file at Board of Health)

Type of Pool: _____ Length: _____ Width: _____ Volume: _____

Water Source: _____ Sewage Disposal: _____ Maximum Bather Load: _____

| | | |
|---|---|--|
| Treatment System (Kinds of Filters, etc.): _____ _____ _____ | Disinfection Method ((Type, capacity, etc.): _____ _____ _____ | Chemical Treatment (Feeders, capacity, quantity): _____ _____ _____ |
|---|---|--|

Social Security or Federal ID #

Telephone Number

Signature of Individual or Corporate Name

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON