



BOARD OF HEALTH  
577 Bay Road, P.O. Box 429  
Hamilton, MA 01936

Tel: 978-468-5579

Fax: 978-468-5582

**APPLICATION FOR PERMIT TO OPERATE A SWIMMING / WADING POOL**

Application is hereby made for a permit to operate a public, semi-public, or wading pool. This pool is to be operated according to the minimum standards for swimming pools set forth in the State Sanitary Code, Chapter V, 105 CMR 435.000: Minimum Standards for Swimming Pools.

Name of Business/Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Pool Location: \_\_\_\_\_

Days and Hours of Operation: \_\_\_\_\_

Operation is Annual: \_\_\_\_\_ Seasonal: \_\_\_\_\_ Opening Date (if Seasonal): \_\_\_\_\_ Closing: \_\_\_\_\_

Certified Pool Operator: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Please submit copy of CPO Certificate) Refer to 105 CMR 435.17

Person(s) maintaining and operating pool: \_\_\_\_\_

\_\_\_\_\_

Person(s) testing the pool: \_\_\_\_\_

\_\_\_\_\_

Number of Lifeguards: \_\_\_\_\_  
(Please submit copies of Lifeguard(s) Certifications) Refer to 105 CMR 435.23 for the required certifications.

Bather Load Capacity - Maximum number of people allowed in the pool: \_\_\_\_\_  
Refer to 105 CMR 435.27

SIZE: Length \_\_\_\_\_ feet Width \_\_\_\_\_ feet VOLUME \_\_\_\_\_ gallons

Source of Pool Water: \_\_\_\_\_

Filter Type: \_\_\_\_\_

Disinfection Method: \_\_\_\_\_  
(Specify Disinfection Chemical(s) and Type of Feeder)

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

FEE: \$100.00, Payable to: Town of Hamilton