



Susan M. Doyle, R.N.
Health Officer



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APPLICATION FOR ANNUAL SWIMMING POOL - SPA/HOT TUB OPERATING PERMIT

Apartment () Camp () Club () Community () Condominium () Motel () School () Spa ()

Application is for a permit to operate an indoor () outdoor () swimming pool () spa/hot tub ()

Operating period: all year () seasonal () from _____ to _____

Name of facility as it is to appear on permit _____

Address of facility _____

Address to which Permit is to be mailed _____

Individual Owner of Facility _____

For other than individual ownership, provide the following information: if Corporation, give legal corporate name and President's name; if Partnership, give full partnership name and the names of general partner(s).

Corporation Corporate Address President

Partnership Partnership Address General Partners

Contact Person () Telephone Number

Pool Management Company (if applicable) () Telephone Number

Days and Hours of Operation _____

Date _____ Signature of Owner/Agent _____

Permit Fee: \$200.00 Exempt

For Health Department Use Only	
Fee Paid _____	Date Paid _____
Supervisor's Signature _____	