



Town of Southborough  
 Board of Health  
 9 Cordaville Road, Lower Level  
 Southborough, MA 01772-1662

Phone: (508) 481-3013  
 Fax: (508) 229-2580

### APPLICATION FOR POOL PERMIT

**FEE: \$100 per Pool**

- Public                                       Wading                                       Special Purpose Pool  
 Semi-Public                                       Swimming

Applicant Name \_\_\_\_\_ Title \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Certified Pool Operator (CPO) \_\_\_\_\_

CPO Phone \_\_\_\_\_

If corporation or partnership, give names, titles and home addresses of officers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

Phone at Pool \_\_\_\_\_

Emergency Telephone Contact Name and Complete Address \_\_\_\_\_  
 \_\_\_\_\_

Person in Charge \_\_\_\_\_

Hours of Operation (Day and Time) \_\_\_\_\_

Type of Water Treatment \_\_\_\_\_

Maximum Number of Bathers (at any one time) \_\_\_\_\_ Number of Lifeguards (on duty at any one time) \_\_\_\_\_

The results of bacteriological analysis of the water must be submitted to this office prior to issuing a permit. The water must be collected, analyzed and meet the standard given in 105 CMR 435.28.

The operator shall maintain a current written record of all data pertaining to the operation and condition of the pool and shall keep it available for inspection by the Board of Health at all reasonable times. The record shall include daily attendance, amounts and types of chemicals used daily, results of chemical and bacteriological tests, dates and times of emptying and cleaning the pool and backwashing of filters, the daily number of hours of operation of purification equipment and any other pertinent information which the Board of Health may require.

All permits expire December 31<sup>st</sup> following the date of issue. Application for a permit shall be made to the Board of Health at least 15 days before the expiration of a permit or at least 15 days before the opening of swimming, wading or special purpose pool.

I hereby declare that the above statements made on this application for an Application for a Semi-Public Pool license are complete and true.

Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Taxpayer Identification # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Fee \_\_\_\_\_ Check # \_\_\_\_\_

Permit Number \_\_\_\_\_ Date Issued \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_