

BOARD OF HEALTH
 18 Main St., Hopkinton, MA 01748
 Voice: 508-497-9725

Fee: _____

Permit # _____

SWIMMING POOL PERMIT APPLICATION

POOL INFORMATION Print or type information; use a separate application for each type of pool

Owner's Name:	
Street Address of Pool:	Telephone:
Mailing Address of Owner:	
If seasonal opening and closing dates:	Hours of operation:
Type of Pool (Swimming, Spa, Special Purpose or Wading):	
Name of Certified Pool Operator and Date of Certification:	
Name of Pool Supervisor:	
Disinfection Method:	
Other Chemical Treatment (feeders, capacity, quantity, etc.)	
Sewage Disposal:	Pool Waste Water & Backwash Water Disposal:
Size of Swimming Area (square feet):	Size of Non-Swimming Area (square feet):
Number of Lifeguards	

If this application is for a new pool, previously unlicensed pool, pool expansion or remodeling you must submit blueprints or scaled drawings of the pool and specifications for the construction or change, under the stamp and signature of a Massachusetts Register Professional Engineer or Registered Architect. Any change, expansion or remodeling during the permit year must be submitted to the Board of Health for written approval before any work is begun.

I certify I have a copy of and have complied with the *Commonwealth of Massachusetts Minimum Standards for Swimming Pools*, 105 CMR 435.00 and the *Hopkinton Board of Health Regulations*.

 Signature of Pool Supervisor and Date

(Information on back must be completed)

POOL OWNER INFORMATION Print or type information

Full Name	Telephone ()	
Sole Proprietor ____ Partnership ____ Trust ____ Corporation ____ Fax ()		
MAILING ADDRESS: Street number and name:		
City:	State:	Zip:

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

1. _____
2. _____
3. _____

Pursuant to MGL Ch. 62c sec. 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.

Social Security No. or Tax
Identification No.:

Date:

Signature of Sole Proprietor, or Partner

Tax Identification No.:

OR

Date:

Corporate Name

Title of Corporate Officer signing

Signature of Corporate Officer
