

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF PLYMOUTH – BOARD OF HEALTH
508-747-1620 ext 118

Swimming Pool and Special Purpose Pool License May 1st through April 30th Annually

FEE: \$200.00 Swimming Pool

\$100.00 Special Purpose Pools (Examples: Whirlpool, Wading Pool, or Kiddies Pool, etc.)

MAKE CHECKS PAYABLE TO: Town of Plymouth

RETURN TO: Health Dept., 11 Lincoln St., Plymouth, MA 02360

APPLICATION FOR A PERMIT TO OPERATE A SWIMMING POOL

Application is hereby made for a permit to operate a public, semi-public, or wading pool. This pool is to be operated according the Minimum Standards for Swimming Pools set forth in Title 2 of the Commonwealth of Massachusetts.

Legal Business Name (Corp., LLC, etc.) _____

DBA (if Different): _____

Pool Address _____

Parcel ID# (Please obtain from the Assessor's Office) _____

Mailing Address _____

Business Phone _____ Local Pool Location Phone _____

Owner/President Name _____

Pool Manager/Agent Name _____

Certified Pool Operator: _____ CPO Number: _____

TYPE OF POOL _____ LENGTH _____ WIDTH _____ VOLUME _____

SIZE: SWIMMING AREA _____ NON SWIMMING AREA _____ DIVING AREA _____

SOURCE OF WATER _____

DISPOSAL OF SEWAGE AND WASTE WATER _____

TYPE OF FINISH _____ SCUM GUTTER _____

DECK: TYPE AND WIDTH _____ SKIMMERS: WEIR LENGTH _____

TREATMENT SYSTEM (Kind of filters, etc.) _____

DISINFECTION METHOD (Method, type, capacity, etc.) _____

CHEMICAL TREATMENT (Feeders, capacity, quantity, etc.) _____

FOR OFFICE USE ONLY:

MUNIS NUMBER: _____ ACCESS: _____ LICENSE MAILED: _____

PROOF OF INSURANCE RECEIVED: LIABILITY: _____ WORKER COMP: _____

CERTIFIED POOL MANAGERS LICENSE COPY: _____