



Town of Plymouth  
**PUBLIC HEALTH DEPARTMENT**  
26 Court Street  
Plymouth, Massachusetts 02360  
508-747-1620 ext.10118  
Fax 508-830-4062

\$50.00 Fee

*PLEASE SUBMIT AT LEAST 21 DAYS PRIOR TO CONSTRUCTION*

**SWIMMING POOL REVIEW APPLICATION**

SWIMMING POOL NAME AND LOCATION: \_\_\_\_\_

\_\_\_\_\_

Parcel ID Number: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

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

Applicant Phone Number: \_\_\_\_\_

Please sign below stating you have complied with the Massachusetts Department of Public Health  
State Sanitary Code Chapter V 105CMR 435.000

\_\_\_\_\_

Enclose stamped copies of all pool plans and drawings including, but not limited to handicap lifts,  
egresses, main drain, skimmer, and pool design data.

---

**Office Use Only – Please Do Not Write Below This Line.**

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_