



Commonwealth of Massachusetts
TOWN OF PLYMOUTH
PUBLIC HEALTH DEPARTMENT
508-747-1620 X10118
Fax: 508-830-4062
26 Court Street
Plymouth, Massachusetts 02360

FEES:
\$200 – Swimming Pool
\$100 – Special Purpose Pool
(e.g. Whirlpool, Kiddie Pool, etc.)

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

MAKE CHECKS PAYABLE TO: Town of Plymouth
RETURN TO: Public Health Dept., 26 Court Street., Plymouth, MA 02360

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: _____

Email: _____

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 (indicating type of filters, manufacturer, model, etc.): _____

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

CHEMICAL TREATMENT (feeders, capacity, quantity, etc.): _____

FOR OFFICE USE ONLY:

MUNIS NUMBER: _____ ACCESS: _____ LICENSE MAILED: _____

PROOF OF INSURANCE RECEIVED: _____ WORKERS COMPENSATION: _____

CERTIFIED POOL MANAGERS LICENSE COPY: _____