



Board of Health  
 212 Main Street  
 Northampton, MA 01060  
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 Director of Public Health: Merridith A. O'Leary, R.S.

**FOR BOARD OF HEALTH  
 USE ONLY**

Date: \_\_\_\_\_  
 Amt Received: \_\_\_\_\_  
 Cash/Check No: \_\_\_\_\_  
 Received by: \_\_\_\_\_  
 Workers Comp Affidavit   
 CPO Certification

## 2020 APPLICATION FOR PERMIT TO OPERATE A POOL/HOT TUB/FLOAT TANK/WATER SLIDE APPLICATION

**ALL FEES PAID ARE NON-REFUNDABLE**

**NO PERMITS WILL BE ISSUED IF TAXES ARE OWED**

*Application is hereby made for a permit to operate a public, semi-public, swimming, wading, specialty pool, hot tub, or water slide. This pool, tub or slide is to be operated according to the minimum standards for swimming pools set forth in 105 CMR 435.000 chapter V: Minimum Standards for Swimming Pools.*

Establishment Name: (dba): \_\_\_\_\_ Establishment Tel.#: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicant Name and Title: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ Applicant Telephone #: \_\_\_\_\_

Owner Name & Title (if different from applicant): \_\_\_\_\_

Owner Address: \_\_\_\_\_

Establishment Owned by (Check one Box)    Please attach List of Corporate and Partnership Officers

An Association   
  A Corporation   
  An Individual   
  A Partnership   
  Other Legal Entity

If a Corporation or Partnership, give Name, Title, and Home Address of Officers or Partners

Name	Title	Home Address

**PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON**

Name of Person in Charge: \_\_\_\_\_

Signature of Applicant or Corporate Signature: \_\_\_\_\_

**POOL, TUB, OR SLIDE ESTABLISHMENT INFORMATION**

Days, and Hours of Operation: \_\_\_\_\_

**PLEASE ATTACH COPIES OF CERTIFIED POOL OPERATOR**

Name of CERTIFIED POOL OPERATOR: \_\_\_\_\_

**PLEASE ATTACH COPIES OF ALL LIFE GUARDS**

Name of LIFE GUARDS: \_\_\_\_\_

Check all that apply and complete the following

√	Pool, Tub, Slide Type	License Fees	Pool Type	Length	Width	Volume	Maximum Bather Load
	Annual Pool	\$250.00 per pool					
	Seasonal Pool	\$150.00 per pool					
	Hot Tub	\$37.50 per tub					
	TOTAL	<b>PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON</b>					

Water Source: <input type="checkbox"/> Public <input type="checkbox"/> Well                                      Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Well
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Treatment System (Kinds of Filters, ect)	
Disinfection Method (Type, capacity, ect)	
Chemical Treatment (Feeders, capacity, quantity)	
Turn Over Rate	

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that this application to operate a pool, tub, or slide will comply with 105 CMR 435.000 Chapter V: Minimum standards for swimming pools and all other applicable law.

Signature of Applicant: \_\_\_\_\_

*Pursuant to MGL Chapter 62C, section 49A, I certify under the penalties of perjury that, to my best knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.*