



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

2021 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 | PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON | | | | | |

| |
|---|
| Water Source: <input type="checkbox"/> Public <input type="checkbox"/> Well Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Well |
|---|

| | |
|--|--|
| 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.