



Board of Health  
 212 Main Street  
 Northampton, MA 01060  
 Tel: (413) 587-1214 • Fax: (413) 587-1221  
 Director of Public Health: Merridith A. O'Leary, R.S.

<b>FOR BOARD OF HEALTH USE ONLY</b>	
Date:	_____
Amt Received:	_____
Cash/ Check No:	_____
Received by:	_____
Workers Comp Affidavit	<input type="checkbox"/>

## 2020 APPLICATION FOR PERMIT TO OPERATE A BATHING BEACH

**PERMIT FEE: \$100.00** ALL FEES PAID ARE NON-REFUNDABLE

NO PERMITS WILL BE ISSUED IF TAXES ARE OWED

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

Beach Name: : \_\_\_\_\_ Date of Application: \_\_\_\_\_

Beach Address: \_\_\_\_\_

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

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

Applicant/Operator Name and Title: \_\_\_\_\_

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

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

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

Dates of Operation of Beach: From \_\_\_\_\_ to \_\_\_\_\_

Sampling Frequency (if not weekly, please explain): \_\_\_\_\_

Are Field Data Forms completed in full for each sampling event? \_\_\_\_\_

Has Board of Health received timely notification of any exceedances/closures? \_\_\_\_\_

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Does this beach meet the criteria set forth in 105 CMR 445.000? YES / NO (circle one)

APPROVED / DENIED (circle one) If Denied, Reason: \_\_\_\_\_

Board of Health Inspector: \_\_\_\_\_

Permit granted on \_\_\_\_\_ and expires on \_\_\_\_\_, pending submittal of a renewal application at least 30 days prior to expiration.