



# Town of Northborough

## Board of Health

63 Main Street

Northborough, MA 01532

Phone (508) 393-5009 Fax (508) 393-3130

Permit # \_\_\_\_\_

Fee \$ \_\_\_\_\_

Check # \_\_\_\_\_

### SWIMMING POOL APPLICATION

Pool Name \_\_\_\_\_

Pool Address \_\_\_\_\_

Pool Establishment's Phone Number \_\_\_\_\_

Name and Title of Applicant \_\_\_\_\_

Name of Owner \_\_\_\_\_ Phone No. \_\_\_\_\_

**If Corporation or Partnership, please list Name, Title, and Address of Officers/Partners. Please attach separately.**

Establishment Mailing Address (if different) \_\_\_\_\_

Name of Certified Pool Operator (CPO) \_\_\_\_\_

Name and Address of Pool Service Company (if applicable) \_\_\_\_\_

\_\_\_\_\_ City

\_\_\_\_\_ State & Zip

Type of Disinfection: Chlorine \_\_\_\_\_ Bromine \_\_\_\_\_ Other \_\_\_\_\_

Swimming Pool Capacity (Gallons) \_\_\_\_\_ Bather Load \_\_\_\_\_

**Type of Pool Check all that apply**

**Fee**

Swimming Pool	_____	\$125.00
Spa/Hot Tub/Whirlpool	_____	\$125.00
Wading Pool (depth less than 2 feet)	_____	\$125.00

**Total Payment Due With Application: \$ \_\_\_\_\_**

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the swimming pool, spa, hot tub, whirlpool, and/or wading pool operation will comply with 105 CMR 435.000 and all other applicable laws. I certify under penalties of perjury that, I to the best of my knowledge and belief, have filed all state tax returns and paid state taxes required under law pursuant to MGL Ch. 6d2C, sec. 49A.

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Social Security # or Federal I.D. # \_\_\_\_\_