



WEST BOYLSTON BOARD OF HEALTH
 140 WORCESTER STREET
 WEST BOYLSTON, MA 01583
 TELEPHONE/FAX: 774-261-4075



**APPLICATION FOR A PERMIT TO OPERATE
 A SEMI-PUBLIC SWIMMING POOL / SPECIAL PURPOSE POOL / SPA**

- \$150 for any semi-public, special purpose pool, or spa; \$100 for each additional.
- Please attach a copy of the Certified Pool Operator's Certificate to this application.
- A copy of a current bacteriological quality report must be presented to the inspector at the time of inspection.

Pool Owner: _____

Name of Applicant: _____ Telephone #: _____

Email Address: _____

Location of Pool: _____

Is the pool operated by a management company? _____

If yes, provide name & address of company: _____

THE FOLLOWING INFORMATION MUST BE PROVIDED

Pool Width: _____ Pool Length: _____

Volume: _____

Source of water: _____

Size: Swimming Area over 5 feet deep: _____

Non-swimming area under 5 feet deep: _____

Diving Area (300 sq. feet per board): _____

Trim and Finish on Pool Walls & Bottom: _____

Decking Type: _____ & Width: _____

MECHANICAL INFORMATION

Number of Filters: _____ Type of Filters: _____

Skimmers: Number: _____ & Weir Length: _____

Chlorinator: Type: _____ Capacity: _____

Remarks: _____

Applicant's Signature _____ Date _____ FID# or SSN# _____

I certify under the penalty of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid the state taxes required by law.