

## Town of Dalton

# APPLICATION TO OPERATE A SWIMMING POOL/SPA<sub>V6</sub>

Anyone operating a public, semi-public or special purpose pool or spa must have a current Permit from the Board of Health posted. All Permits expire on December 31 unless otherwise stated and must be renewed at least 60 days prior to expiration or the start of operations. Note: all \*boxes must be completed or the form won't submit. If the item is not applicable, you may indicate N/A.

Renewal Application  Renewal/Late Application  New Application, attach plans  Revised Application

### BUSINESS CONTACT INFORMATION

Note: Any change in ownership or operations requires a new permit application and filing fee.

*Applicant/Requester		*Property Owner	
*Business Name		*Site Address	
*Mailing Address		*Assessor Map/Lot #	
*Phone   Fax		*24/7 Contact Person	
*E-mail		*24/7 Phone	
Comments			

### PERMIT DETAILS

*In accordance with 105 CMR 435.000 Minimum Standards for Swimming Pools, State Sanitary Code, Chapter V*

*Permits Requested Check all that apply	<input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Wading <input type="checkbox"/> Special Purpose <input type="checkbox"/> Water Slide <input type="checkbox"/> Other, describe _____	*# Pools/Spas Onsite	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Note: additional \$ ___pool/spa	Fee _____
*Operating Period	<input type="checkbox"/> Seasonal (\$ ___) <input type="checkbox"/> Annual (\$ ___) <input type="checkbox"/> Fair/Event	<input type="checkbox"/> Pre-Opening Inspection scheduled on Inspection Request Application		
*Operating Dates	Start: _____	End: _____	*Hours of Operation	
*Number Life Guards	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 +		*Certified Pool Oper.	
Comments				

### CERTIFIED POOL OPERATOR (CPO) INFORMATION

Note: If CPO is not yet known, application can be processed but final permit cannot be issued.

*Certified Pool Operator	*CPO Certificate #	*Exp. Date	
*Phone	*Email	<input type="checkbox"/> CPO Certificate attached <input type="checkbox"/> CPO not attached	
Comments			

### FACILITY INFORMATION

Note: If this is a new Pool or Spa, attach the New Pool Form

*Drinking Water	<input type="checkbox"/> Public <input type="checkbox"/> Private (attach water test)	*Garbage/Trash	<input type="checkbox"/> Contractor _____ <input type="checkbox"/> Transfer Station
*Sewage Disposal	<input type="checkbox"/> Public <input type="checkbox"/> Private Onsite <input type="checkbox"/> Portable Toilets	*Toilets #	Showers #
*Food Service	<input type="checkbox"/> None <input type="checkbox"/> Yes, complete Food Establishment Application if other than vending machine/ snacks served.		
Comments			

### POOL/SPA INFORMATION

	Pool #1	Pool #2	Pool #3	Pool #4	Pool #5
Pool Vol. in Gals.					
Pool Length					
Pool Width					
Pool Size in Sq. Ft					
*Bather Load					
Max # Swimmers					

	Pool #1	Pool #2	Pool #3	Pool #4	Pool #5
Max. # Swimmers					
# Life Guard: Yes, Attach Certificates	<input type="checkbox"/> No <input type="checkbox"/> Yes, certificates attached	<input type="checkbox"/> No <input type="checkbox"/> Yes, certificates attached	<input type="checkbox"/> No <input type="checkbox"/> Yes, certificates attached	<input type="checkbox"/> No <input type="checkbox"/> Yes, certificates attached	<input type="checkbox"/> No <input type="checkbox"/> Yes, certificates attached
Swimming Area S.F.					
Non-Swimming S.F.					
Diving Area in S.F.					
Diving Depth in Ft.					
Number Skimmers					
Skimmer Weir L in Ft.					
Decking Type					
Decking Width in Ft.					
Fence Height in Ft.					
Filter Type					
Filter Area in S. F.					
Circulation Gal/Min.					
Backwash Gal/Min.					
Turnover in Hours					
Rate in Hours					
*Water Treatment Method/System					
Capacity in Gallons or Tablets					
Pool Testing Records					

### FEES

- All permits expire December 31 unless otherwise stated and must be renewed at least 60 days before expiring or the start of operations.
- Applications received after December 1 or less than 60 days before starting operations will be charged a late fee of \_\_\_ for each week late.
- Application is not complete without payment of at least Basic Fee. Permit cannot not be issued until all fees are paid.

<input checked="" type="checkbox"/> First Pool/Spa Basic Fee	Fee \$ <u>100</u>	<input type="checkbox"/> Additional Fee for Annual Operations	Fee \$ _____	<input type="checkbox"/> Late Fee	Fee \$ _____
<input type="checkbox"/> Each Additional Pool/Spa	Fee \$ _____	<input type="checkbox"/> New Pool/Spa Plan Review Fee	Fee \$ _____	<input type="checkbox"/> Total Fee	\$ _____

### AGREEMENT

- \*I affirm that I will comply with all state and local codes and allow the Board of Health access for inspections as required by law.
- \*By checking this box and signing this application I certify that I comply with M.G.L c. 152, s.25(c), Workman's Comp Laws
- \*I affirm that before updating or making changes to my facility, staff or operations; I will obtain permission and inspections from the Health, Building and Fire Departments as required by law.
- \*By submitting this application, I certify under pains and penalties of perjury pursuant to MGL Ch. 62, sec. 49A that to the best of my knowledge and belief all state tax returns have been filed and all state taxes paid as required by law.
- \*By submitting this application I certify, under the pains and penalties of perjury that I have read and am in compliance with the provisions of 105 CMR 435.000: Minimum Standards for Swimming Pools.

### SIGNATURE

By typing my name below and clicking on the certification box, I agree that I am submitting an electronic signature for this application.

- \*I affirm and certify that I am an authorized representative/agent with authority to apply for this permit and grant the Board of Health access for inspections as allowed by law and that this application is true and correct.

*Name		Title	
*Title		*Date of Application:	