



INSPECTIONAL SERVICES DEPARTMENT

Application for Permit to Operate a Swimming Pool, Wading, Or Special Purpose Pool

Application is for a permit to operate a: Public: ___ Semi-Public: ___ Indoor: ___ Outdoor: ___
Swimming Pool: ___ Wading Pool: ___ Special Purpose Pool: ___

Name of Facility: _____

Address: _____

Name of Certified Pool Operator: _____

Owner: _____ Phone: _____

Home Address: _____

Signature: _____

Pool Dimensions:

Length: of Pool: _____ Width of Pool: _____ Depth of Pool: _____

Volume in Gallons: _____ Source of Water: _____

Size: Swimming Area (sq. ft.) 5 feet deep or greater: _____

Size: Non-Swimming Area (sq. ft.) under 5 feet deep: _____

Diving Area: YES _____ NO _____

Total Sq. Ft.: _____ Maximum bather load: _____ Number of lifeguards required: _____

Plan review scheduled date _____ Approved Date _____

Mechanical Information:

Filter(s): Type _____ Number _____ Turnover rate in hours: _____

Automatic Chlorinator: YES _____ NO _____ Capacity: _____

(Pounds per 24 hrs. per 10,000/15,000 gal)

Automatic Brominator YES _____ NO _____ Other Sanitizer _____

Emergency shut off switch for special purpose pool: YES _____ NO _____ N/A _____

Trim and Finish:

Pool walls and bottom materials: _____ Color (Light): _____

Four (4) inch wide non-swimming area boundary line on bottom and walls of pool to separate from swim area: YES ___ NO ___ N/A ___

Skimmers:

In the wall: _____ Number: _____ Perimeter Channel: _____

Main Drain(s):

VGB :Certification for Compliance submitted YES ___ NO ___

Anti-vortex in design: YES ___ NO ___

Cover can only be removed with use of tools: YES ___ NO ___

Remarks: _____

Regulations are available at: <https://www.mass.gov/doc/105-cmr-435-state-sanitary-code-chapter-v-sanitary-standards-for-swimming-pools/download>



Inspectional Services Department

SWIMMING POOL AFFIDAVIT

435.02: Plan Approval (1) No person shall construct or install a swimming, wading or special purpose pool, or expand, remodel or otherwise make any change which may affect the compliance of an existing swimming, wading or special purpose pool with the requirements of 105 CMR 435.00 until the plans and specifications for the construction or change, under the stamp and signature of a Massachusetts Registered Professional Engineer or Registered Architect, have been approved in writing by the Board of Health. Nothing in 105 CMR 435.00 shall affect the authority of any person acting under appropriate sections of 780 CMR (The Massachusetts State Building Code), 527 CMR 12.00 (1996 Massachusetts Electrical Code (Amendments) and 248 CMR (Uniform State Plumbing Code and the Massachusetts Fuel Gas Code) or applicable local ordinance or regulation. In addition to 105CMR435 & Building Codes- All construction, installation, and maintenance of pools must be in accordance with additional regulations and guidelines:

[248 CMR: BOARD OF STATE EXAMINERS OF PLUMBERS AND GAS FITTERS 248 CMR 10.00: UNIFORM STATE PLUMBING CODE](#)

[527 CMR 12: Massachusetts Electrical Code Amendments](#)

[527 CMR: Board of Fire Prevention Regulations](#)

[780 CMR Massachusetts State Building](#)

[Accessible Swimming Pools and Spas](#)

[ADA and ABA Accessibility Guidelines for Buildings and Facilities](#)

[Architectural Access Board - 521 CMR 19.00: Recreational Facilities](#)

I attest to the approval of pool plans meeting all regulatory requirements of 105 CMR 435.000, all applicable building, electrical, plumbing codes as well as other applicable regulations and local ordinances. In addition, all Federal requirements for VGB shall be verified for full compliance.

Pool D/B/A _____ **Permit #** _____

Pool Address _____

Print Name and Title: _____

Signature: _____ **Date:** _____

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