



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>