

# THE COMMONWEALTH OF MASSACHUSETTS



## TOWN OF SAUGUS



### *Application to Operate a Swimming Pool*

Name of Establishment: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Pool: \_\_\_\_\_ Saugus, MA 01916

### Pool Specifications

#### Type of Pool:

- Public
- Semi – Public
- Special Purpose

#### Water Treatment Method:

- Chlorine
- Bromine

Bather Load Capacity: \_\_\_\_\_ Permit Fee: \_\_\_\_\_

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

Certification Number: \_\_\_\_\_ Date of Certification: \_\_\_\_\_

Certification Organization: \_\_\_\_\_

I have read and understand the 105 CMR 435.000 Minimum Standards for Swimming Pools, State Sanitary Code, Chapter V. Copies are available at the State House Bookstore at (617) 727-2834.

Pursuant to M.G.L. Ch. 62C, sec 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature of Applicant: \_\_\_\_\_

Board of Health Approval

Date Fee Received

Fee Amount Received

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