



TOWN OF SAUGUS

BOARD OF HEALTH
298 CENTRAL STREET, SUITE 9
SAUGUS, MASSACHUSETTS 01906



Public Health
Prevent. Promote. Protect.

Board of Health
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Director of Public Health

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APPLICATION TO OPERATE A SWIMMING POOL

Name of Pool: _____ 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

Bather Load Capacity: _____ Pool
Volume: _____ Filter
Rate: _____

Water Treatment Method:

- ☐ Chlorine
☐ Bromine

Permit Fee: **100.00**

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
