



TOWN of STURBRIDGE BOARD of HEALTH



Public Health
Prevent. Promote. Protect.

Application for a Swimming Pool Permit

Please check all that apply:

X	Pool Type	Fee
<input type="checkbox"/>	Pool/Spa: Outdoor-Seasonal	\$200
<input type="checkbox"/>	Pool/Spa: Indoor-Annual	\$250
<input type="checkbox"/>	TOTAL	\$

Check to be made payable to Town of Sturbridge

Name of Business: _____

Address: _____

Phone Number: _____ Email: _____

Certified Pool Operator (**attach cert.**): _____ Phone number: _____

Days Open: _____ Hours Open: ____ A.M. to ____ P.M.

Duration of Season: _____

Estimated Average Daily Attendance (persons): _____

Pool Dimensions: Length: _____ Width: _____ Total Gallons: _____

Shallow End Total Depth: _____ Deep End Total Depth: _____

Maximum Bather Load (persons): _____

Water Source: _____ Sewage Disposal Source: _____

Method of Water Treatment: _____

Chemical Sanitizer Used: _____

Number of Lifeguards: _____

Business Owner Name: _____

Mailing Address: _____

Phone Number _____ Email: _____



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AGREEMENT

The undersigned agrees to operate the aforementioned pool in accordance with the Regulations of the Massachusetts Department of Public Health, 105 CMR 435.00, and the Sturbridge Board of Health Swimming Pool Rules and Regulations. The undersigned further agrees not to place this pool in operation until a license to operate said pool has been issued by the Sturbridge Board of Health.

Bacterial testing (coliform & pseudomonas) is required annually pursuant to 105 CMR 435.28 prior to issuance of a pool permit.

Signature_____ Date_____

Name (Printed)_____

☐ Pool plan review attached, first time application

☐ N/A for renewal