



TOWN OF  
**STONEHAM**  
 MASSACHUSETTS  
 Health Department  
 35 CENTRAL STREET  
 STONEHAM, MA 02180

Phone: 781-279-2621 Fax: 781-507-2615

FOR OFFICE USE ONLY: PAID: CHECK # _____ /CASH IN THE AMOUNT OF _____			
ON _____, 202__.	PERMIT NO. _____	INITIALED BY: _____	

APPLICATION FOR A PERMIT TO OPERATE SWIMMING POOL/SPA  
 FEE \$150.00

Application is hereby made for a permit to operate a public, semi-public, or wading pool. This pool is to be operated according to the Minimum Standards for Swimming Pools or Spas set forth in Article V of the State Sanitary Code, 105 CMR 435.000, as amended effective February 20, 1998.

Name of Condominium, Apartment Complex, Pool or Spa: \_\_\_\_\_

Address: \_\_\_\_\_

Corporate Name: _____
Mailing Address for Permit/Application: _____ _____

Pool Manager: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Management Company: \_\_\_\_\_

Email: \_\_\_\_\_

Note: Copy of Certified Pool Operator Certificate must be provided.

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Pool: Public \_\_\_\_\_ Semi-Public \_\_\_\_\_ Wading Pool \_\_\_\_\_ Spa \_\_\_\_\_

Length: \_\_\_\_\_ Width: \_\_\_\_\_ Volume: \_\_\_\_\_

Size of Swimming Area: \_\_\_\_\_ Size of Non-Swimming Area: \_\_\_\_\_

Diving Area: \_\_\_\_\_ Bather Capacity: \_\_\_\_\_

Treatment Systems: (Kind of filters, etc.) \_\_\_\_\_

Disinfectant Method: \_\_\_\_\_

**Number of times tested daily** \_\_\_\_\_

Number of Lifeguards on duty: \_\_\_\_\_ \* see disclaimer below

Hours of Operation \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*At the March 28, 1995, Board of Health meeting, the Board voted unanimously to allow pool operators to decide whether a lifeguard(s) is necessary at their facility. For those applicants who decide a lifeguard is NOT necessary, the following disclaimer must be signed.

**DISCLAIMER**

As pool operator, we have determined that a lifeguard is not necessary for the safe operation of our swimming pool. We further agree to post the appropriate warning signs as stated in 105 CMR 435.23 (2), a copy of which is attached hereto. We acknowledge and accept full responsibility for the decision not to provide the services of a lifeguard(s).

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Incomplete and/or unsigned applications will be returned and a late fee will be assessed.**

