



**Town of Boylston** Board of Health [boh@boylston-ma.gov](mailto:boh@boylston-ma.gov)  
221 Main Street, Boylston MA 01505 \*\* Telephone (508) 869-6828 \*\* Fax (508) 869-6210

## SWIMMING POOL PERMIT APPLICATION

Swimming Pool Permit No. \_\_\_\_\_

(ISSUED BY BOH)

FEE **\$100.00**

PRINT OR TYPE INFORMATION. **USE A SEPARATE APPLICATION FOR EACH TYPE OF POOL.**

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Pool Location Address \_\_\_\_\_

If Seasonal, List Opening and Closing Dates: \_\_\_\_\_

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

Type of Pool (Swimming, Spa, Special Purpose or Wading): \_\_\_\_\_

Name of Certified Pool Operator and Date of Certification: \_\_\_\_\_

Name of Pool Supervisor: \_\_\_\_\_

Disinfection Method: \_\_\_\_\_

Other Chemical Treatment (Feeders, Capacity, Quantity, etc.): \_\_\_\_\_

Sewage Disposal: \_\_\_\_\_

Pool Waste Water & Backwash Water Disposal: \_\_\_\_\_

Size of Swimming Area (Square Feet): \_\_\_\_\_ Size of Non-Swimming Area (Square Feet): \_\_\_\_\_

Bather Load: \_\_\_\_\_ Number of Lifeguards: \_\_\_\_\_

I certify that I have complied with the Commonwealth of Massachusetts Minimum Standards for Swimming Pools, 105 CMR 435.00 and the Boylston Board of Health Regulations.

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