



Inspectional Services Department

Application for a Permit to Operate a Swimming, Wading or Special Purpose Pool

Date _____ Permit # _____ Fee _____

Request a Permit to operate: Public ____ Semi-Public ____ Indoor ____ Outdoor ____
Swimming Pool ____ Wading Pool ____ Special Purpose Pool ____

Name of Facility _____ Phone _____

Address _____

Name of Certified Pool Operator _____

Management Name _____ Phone _____

Address _____

Owner _____

Tax ID Number _____

Home Address _____

Email _____

Signature _____

Pool Dimensions

Length _____ Width _____ Depth _____

Volume in Gallons _____ Source of Water _____

Size: Non-Swimming Area (sq. ft.) 5 ft. deep or greater _____

Diving Area Yes ____ No ____

Total Sq Ft. _____ Maximum bather load _____ Number of lifeguards _____

Plan review scheduled date _____ Approval date _____

Mechanical Details

Filter(s) Type _____ Number _____ Turnover rate in hours _____

Automatic Chlorinator Yes ____ No ____ Capacity _____

Pounds per 24 hrs. Per 10,000/15,000

Automatic Brominator Yes ____ No ____ Other sanitizer _____

Emergency shut off switch for special purpose pool Yes ____ No ____ N/A ____

Trim and Finish

Pool walls and bottom materials _____ Color (Light) _____

Four (4) inch wide non-swimming area boundary line on bottom and walls of pool to
separate from swim area Yes ____ No ____

Skimmers

In the wall _____ Number _____ Perimeter Channel _____

Main Drain(s)

VGB Certification for Compliance submitted Yes _____ No _____

Anti-vortex in design Yes _____ No _____

Cover can only be removed with use of tools Yes _____ No _____

Additional Remarks _____

For more information regarding pool regulations visit

<https://www.mass.gov/regulations/105-CMR-43500-state-sanitary-code-chapter-v-sanitary-standards-for-swimming-pools>