



**Permit Application to Operate a Swimming Pool
FOR MELROSE BOARD OF HEALTH USE ONLY**
MAKE CHECKS PAYABLE TO CITY OF MELROSE

Permit is valid Jan 1-Dec 31, all applications need to be submitted with payment by Dec 31st.

	Special Purpose pool outdoor	May -September	\$75
	Public swimming pool outdoor	May -September	\$75
	Special Purpose pool indoor	January 1 –Dec 31	\$150
	Public swimming pool indoor	January 1 –Dec 31	\$150

1) Establishment Name:		
2) Establishment Address:		
3) Establishment Mailing Address (if different):		
4) Establishment Telephone No:	5) Establishment Fax No:	
6) E mail (all correspondence will be via email, you are required to provide an email address):		
7) Owner Name & Title:		
8) Owner Home Address:		
9) Owner Telephone No: 10) 24 Hour Emergency No:		
11) Establishment Owned By: Association Corporation Individual Partnership Other, specify:		
12) Method of water treatment:		
13) Number of gallons:		
14) Maximum bather load:		
15) Certified Pool Operator:		
16) Number of trained Lifeguards: Attach copies of CPR, First Aid and life guard certification cards for each lifeguard		
<p>17) I have received a copy of 105 CMR 435.000 Minimum Standards for Swimming Pools (State Sanitary Code Chapter V). This permit expires December 31 unless otherwise noted.</p> <p>I understand that if the sample taken for bacteriological analysis does not pass according to standards outlined in 105CMR 435.28 that the cost of the retest will be borne by the pool owners, paid directly to the Department of Environmental Protection certified laboratory of the owner's choice.</p>		
Signature	Print Full Name	Date