

**ANNUAL FEE:**

**APPLICATION FOR PERMIT TO OPERATE  
SEMI-PUBLIC SWIMMING POOL / SPECIALTY POOL**

**Name of Pool:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

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

**Type of Pool:**  Swimming  Specialty/Spa/Hot Tub  Wading  Slide

**Pool/Specialty Pool Volume:** \_\_\_\_\_ **Gallons**

**Method of water treatment:** \_\_\_\_\_

**Filtration System Medium (e.g. sand, diatomaceous earth, cartridge):** \_\_\_\_\_

**Bathing load not to exceed** \_\_\_\_\_ **bathers**

**Dates of Operation:** \_\_\_\_\_ **Hours Open:** \_\_\_\_\_  
*if year round, type or print "annual"*

**Owner, Firm, or Corporation:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Certified Pool Operator:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Lifeguard(s):** \_\_\_\_\_

The undersigned agrees to operate the aforementioned swimming pool in accordance with the provisions set forth in 105 CMR 435.00: MINIMUM STANDARDS FOR SWIMMING POOLS and Natick Board of Health Regulations, Chapter 14.

**Owner/Operator:** \_\_\_\_\_ **Date** \_\_\_\_\_