



TOWN OF HARWICH

BOARD OF HEALTH

732 Main Street

Harwich, MA 02645

508/430-7509 Fax: 508/430-4703

Pool Permit Application

TO THE LICENSING AUTHORITIES:

Date: _____

In accordance with the provisions of the statutes relating thereto, application for a permit is hereby made by:

Name of Business: _____	
Business Address: _____	
Mailing Address: _____	
Telephone No.: _____	Fax No.: _____

Pool Operated: Year-Round _____ Seasonal _____

If Seasonal, estimated opening and closing dates: From ____/____/____ To ____/____/____

If any changes have occurred since our last review, please describe: _____

Permit Fee: A permit fee of **\$125.00** for each spa, swimming and wading pool must be submitted with this form.
_____ number of pools being operated

POOL OPERATORS MUST HAVE A MINIMUM OF ONE EMPLOYEE ON THE PREMISES AND AVAILABLE BY COMMUNICATION DURING POOL OPERATING HOURS WHO IS CERTIFIED IN **CPR** INCLUDING TRAINING IN PEDIATRIC, CHILD AND ADULT. PLEASE LIST **CPR** CERTIFIED EMPLOYEES BELOW AND ATTACH COPIES OF THE CURRENT CERTIFICATIONS TO THIS FORM. **NEW COPIES MUST BE SUBMITTED YEARLY SINCE THE HEALTH DEPARTMENT CAN'T VERIFY EMPLOYMENT STATUS OF CERTIFIED EMPLOYEES OF PREVIOUS YEARS.**

1. _____ 2. _____

THE POOL SUPERVISOR MUST BE A **CERTIFIED POOL OPERATOR** AS REQUIRED BY STATE LAW. THE **CERTIFIED POOL OPERATOR** MUST, AT A MINIMUM, CONDUCT WEEKLY SITE VISITS TO ENSURE THE POOL IS BEING OPERATED IN A SAFE AND SANITARY MANNER. PLEASE LIST THE **CERTIFIED POOL OPERATOR** BELOW AND ATTACH A COPY OF THE CURRENT CERTIFICATION TO THIS FORM. **NEW COPIES MUST BE SUBMITTED YEARLY.**

1. _____

Pursuant to MGL Chapter 62C § 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required by law.

Social Security Number or Federal ID: _____

Signature of Individual: _____

FOR BOARD OF HEALTH USE ONLY

Date Rec'd: _____ Amt. Rec'd: _____ Pymt. Type: _____ Worker's Comp. attached Complete Incomplete

Reviewed/Approved by: _____ Hold _____ Ok to process Permit # _____