



**CITY OF PEABODY  
DEPARTMENT OF HUMAN SERVICES**

**24 Lowell Street  
Peabody, Massachusetts 01960  
(978) 538-5926  
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**BOARD OF HEALTH  
BERNARD H. HOROWITZ, CHAIRMAN  
STEPHEN S. KALIVAS, R.Ph.  
LEIGH ANN MANSBERGER, MD, MPH**

**SHARON CAMERON  
DIRECTOR**

**APPLICATION FOR PERMIT TO OPERATE A SEMI-PUBLIC SWIMMING, WADING, OR SPECIAL PURPOSE POOL**

The undersigned hereby applies for a permit to operate a swimming, wading, or special purpose pool in accordance with the STATE SANITARY CODE: CHAPTER V, 105 CMR 435.000: MINIMUM STANDARDS FOR SWIMMING POOLS.

Name of Facility \_\_\_\_\_

Address of Facility \_\_\_\_\_

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

Mailing Address (if different than facility) \_\_\_\_\_

Name and Title of Applicant \_\_\_\_\_

Name Address and Telephone Number of  
Owner \_\_\_\_\_

Name of Certified Pool Operator \_\_\_\_\_  
(MUST provide copy of current CPO certificate)

**TYPE OF POOL (Check One)**

- Swimming Pool
- Wading Pool
- Special Purpose Pool

Days and Hours of Operation \_\_\_\_\_

- Year Round
- Seasonal

Expected Opening Date \_\_\_\_\_

**POOL SIZE**

Length \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_

Volume (gallons) \_\_\_\_\_

Swimming Area (Over 5 feet in Depth) (Sq. Ft.) \_\_\_\_\_

Non-Swimming Area (5 feet or less in Depth) (Sq. Ft.) \_\_\_\_\_

Diving Area (if applicable) (Sq. Ft.) \_\_\_\_\_

Bather Load \_\_\_\_\_

WATER FILTRATION AND FILTRATION SYSTEMS

Source of Water \_\_\_\_\_

Number of Main Drains \_\_\_\_\_

Number of Skimmers \_\_\_\_\_

Pump Size and Rating (GPM) \_\_\_\_\_

Filter Type and Total Filter Area \_\_\_\_\_

SANITIZER (Check One):

Chlorine

Bromine

LIFEGUARDS: (List Names and Provide current certification)

Name and age \_\_\_\_\_

Name and age \_\_\_\_\_

**FEES: Checks made payable to The City of Peabody**

Swimming Pool Fee \$100.00 annually

Special Purpose Pool Fee \$50.00 annually

Swimming Pool Plan Review \$100.00

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_