



**CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES**

**24 Lowell Street
Peabody, Massachusetts 01960
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**BOARD OF HEALTH
BERNARD H. HOROWITZ, CHAIRMAN
THOMAS J. DURKIN III
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 _____