



CITY OF GLOUCESTER

Health Department
3 Pond Road, City Hall Annex
Gloucester, Massachusetts 01930
PHONE: 978-325-5260
healthdepartment@gloucester-ma.gov



Public Health
Prevent. Promote. Protect.

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

To be operated according to the minimum standards for swimming pools set forth in Article VI of the Sanitary Code of the Commonwealth of Massachusetts

Please fill out application and return with a check payable to the **City of Gloucester** for **\$120.00**

ANY PAYMENTS RECEIVED AFTER MAY 1ST, WILL BE SUBJECT TO A \$50 LATE FEE.

CPO's for each pool should contact this office for an inspection before pool can be opened for the season.

Please check one - SEASONAL:_____ (May 1 - October 31) YEAR ROUND:_____

Name of Business:_____ Tel. No. _____

Address:_____

Contact Name:_____ Email: _____

Type of Pool:_____ Length:_____ Width:_____ Volume:_____

Sketch:_____ A detailed plan must be filed with original application

Size: Swimming Area:_____ Non Swimming Area:_____ Diving Area:_____

Source of Water:_____ Disposal of Sewage & Waste Water:_____

Type of Finish:_____ ScumGutter:_____

Deck: Type & Width:_____ Skimmers:_____ Weir Length:_____

Treatment System (kind of filters,etc.):_____

Disinfection Method (method, type, capacity, etc.)_____

Chemical Treatment (feeders, capacity, quantity, etc.)_____

Remarks:_____

NAME OF CPO:_____

SIGNATURE OF APPLICANT:_____ DATE:_____

APPROVED-*To be signed by Health Dept. Staff.*_____ Date:_____