



Town of Fairhaven

Board of Health

Town Hall • 40 Center Street • Fairhaven, MA 02719
Telephone: (508) 979-4023 ext. 125 • Fax: (508) 979-4079



Public Health
Prevent. Promote. Protect.

Permit Number: _____ Fee: **\$ 150.00**
Paid on _____ Cash__ Check# _____ Online _____

SWIMMING POOL PERMIT APPLICATION - Public

Facility Name: _____ Date: _____

Facility Address: _____

Telephone Number(s): _____

Pool Location: _____
(Address)

Contact Person Name: _____

Address: _____

Telephone Number(s): _____

Email Address: _____

Certified Pool Operator
(Per 105 CMR 435.17):

Name _____

Address _____

Telephone Number(s): _____

Type of Pool:
(Public, Semi-public or Special Purpose Pool or Hot Tubs/Spa)

Method of Water Treatment: _____

Number of Lifeguards _____ Bathing Load not to exceed _____ Bathers

Along with the completed application and fee, please provide the following:

___ Copy of Pool Operator Certification

___ Copy of Lifeguard Certification

___ Copy of Agreement / Contract for monthly water testing by MA certified laboratory.

___ If applicable, description/ model of pool/ spa drain covers and safety vacuum release system.

Applicant Signature _____

Date _____