



**TOWN OF BRAINTREE**  
**Department of Public Health**

Office of the Board of Health  
1 JFK Memorial Drive, Braintree, MA 02184  
Tel: 781-794-8090 Fax: 781-794-8098

**2007 SWIMMING POOL PERMIT APPLICATION**

**ESTABLISHMENT INFORMATION**

NAME OF ESTABLISHMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

CONTACT TELEPHONE NUMBER: \_\_\_\_\_

OWNER OF RECORD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LIABILITY INSURANCE PROVIDER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

PROVIDER ADDRESS: \_\_\_\_\_

PROVIDER TELEPHONE NUMBER: \_\_\_\_\_

TYPE OF DISINFECTANT UTILIZED: \_\_\_\_\_

NAME OF CERTIFIED POOL OPERATOR(S) – ATTACH COPIES OF CERTIFICATIONS

\_\_\_\_\_

NAMES OF LIFEGUARDS – ATTACH COPIES OF CERTIFICATIONS

\_\_\_\_\_

SEASONAL POOL \_\_\_\_\_ \$ 50.00

ANNUAL POOL \_\_\_\_\_ \$100.00

SAUNA \_\_\_\_\_ \$ 50.00

VAPOR \_\_\_\_\_ \$ 50.00

\*WHIRLPOOL(SPP) \_\_\_\_\_ \$100.00

HEALTH CLUB \_\_\_\_\_ \$100.00

TOTAL PAID: \_\_\_\_\_

\*SPECIAL PURPOSE POOL  
POOL # 1:

**SURFACE SQUARE FEET**

LENGTH (\_\_\_\_) X WIDTH (\_\_\_\_) = SURFACE SQUARE FEET \_\_\_\_\_

**BATHER LOAD**

Non-swimming area  
LENGTH (\_\_\_\_) X WIDTH (\_\_\_\_) = \_\_\_\_\_ / 15 persons = \_\_\_\_\_ BATHERS

Swimming area  
LENGTH (\_\_\_\_) X WIDTH (\_\_\_\_) = \_\_\_\_\_ / 20 persons = \_\_\_\_\_ BATHERS

Non-swimmer bathers \_\_\_\_ + swimmer bathers \_\_\_\_ = \_\_\_\_ MAXIMUM BATHER LOAD

**LIFEGUARDS**

Maximum bather load \_\_\_\_ / 25 = \_\_\_\_ REQUIRED LIFEGUARDS \_\_\_\_\_

POOL # 2:

**SURFACE SQUARE FEET**

LENGTH (\_\_\_\_) X WIDTH (\_\_\_\_) = SURFACE SQUARE FEET \_\_\_\_\_

**BATHER LOAD**

Non-swimming area  
LENGTH (\_\_\_\_) X WIDTH (\_\_\_\_) = \_\_\_\_\_ / 15 persons = \_\_\_\_\_ BATHERS

Swimming area  
LENGTH (\_\_\_\_) X WIDTH (\_\_\_\_) = \_\_\_\_\_ / 20 persons = \_\_\_\_\_ BATHERS

Non-swimmer bathers \_\_\_\_ + swimmer bathers \_\_\_\_ = \_\_\_\_ MAXIMUM BATHER LOAD

**LIFEGUARDS**

Maximum bather load \_\_\_\_ / 25 = \_\_\_\_ REQUIRED LIFEGUARDS \_\_\_\_\_

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the pool establishment operation will comply with 105 CMR 435.000 and other applicable laws.

NAME OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

\*\*Please note that your establishment shall have a Certified Pool Operator.