| PERMIT #      | FEE     | DATE RECEIVED  | CHECK#  |
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## **TOWN OF GRANBY**

Board of Health Kellogg Hall, 250 State Street Granby, MA 01033

Tel#: 413-467-7174 Fax#: 413-467-2080

boh@granbyma.org

## APPLICATION FOR A PERMIT TO OPERATE A SWIMMING POOL

| DATE:  |  |
|--|--|
| SEMI-PUBLIC, SWIMMING, WA POOL IS TO BE OPERATED ACC | DE FOR A PERMIT TO OPERATE A PUBLIC,<br>DING, OR SPECIAL PURPOSE POOL. THIS<br>CORDING TO THE MINIMUM STANDARDS FOR<br>I IN CHAPTER V OF THE STATE SANITARY CODE |
| Owner:   |  |
| Telephone:   |  |
| Mailing Address:                                     |  |
|  |  |
| Maintenance person in charge:                        |  |
| SWIMMING POOL LICENSES.                              | \$100.00   |
| Type of Pool (circle one): See defin                 | itions on reverse side.  |
| Public Swimming Public Wading Public Special Purpose | Semi-Public Wading   |
| Total Gallons:                                       | uty at all times:  |
| Recirculation rate(The amount of tien Over once):    | me it takes for the entire volume of pool water to turn  |
|  | the total volume of the pool by the reading on the flow ded by flow meter reading – gallons/minutes = minute.  |

| PERMIT #  | FEE  | DATE RECEIVED  | CHECK# |
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