

PERMIT # _____ FEE _____ DATE RECEIVED _____ CHECK# _____



TOWN OF GRANBY
Board of Health
215B West State Street
Granby, MA 01033
Tel#: 413-467-7174 Fax#: 413-467-3101
boh@granby-ma.gov

APPLICATION FOR A PERMIT TO OPERATE A SWIMMING POOL

DATE: _____

APPLICATION IS HEREBY MADE FOR A PERMIT TO OPERATE A PUBLIC, SEMI-PUBLIC, SWIMMING, WADING, OR SPECIAL PURPOSE POOL. THIS POOL IS TO BE OPERATED ACCORDING TO THE MINIMUM STANDARDS FOR SWIMMING POOLS SET FORTH IN CHAPTER V OF THE STATE SANITARY CODE (105 CMR 435.000).

Owner: _____

Telephone: _____

Mailing Address: _____

Maintenance person in charge: _____

SWIMMING POOL LICENSES.....\$100.00
ALL ANNUAL PERMITS EXPIRE DECEMBER 31.

Type of Pool (circle one): See definitions on reverse side.

- | | |
|------------------------|----------------------|
| Public Swimming | Semi-Public Swimming |
| Public Wading | Semi-Public Wading |
| Public Special Purpose | Semi-Special Purpose |

Total Gallons: _____

Number of lifeguards required on duty at all times: _____

Recirculation rate(The amount of time it takes for the entire volume of pool water to turn Over once): _____

This can be calculated by dividing the total volume of the pool by the reading on the flow Meter volume of pool (gallon) divided by flow meter reading – gallons/minutes = minute.