



**MILTON BOARD OF HEALTH**  
525 CANTON AVENUE  
MILTON, MA 02186  
(617)898-4886 (617)696-5172 FAX  
www.townofmilton.org

**Public or Semi-Public Swimming, Wading, or Spa Pool Permit Application**

DATE : \_\_\_\_\_ FEE: \_\_\_\_\_

POOL NAME: \_\_\_\_\_ POOL LOCATION: \_\_\_\_\_

POOL TYPE: \_\_\_\_\_

OWNER/OPERATOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

POOL SUPERVISOR/CPO: \_\_\_\_\_ PHONE: \_\_\_\_\_

Date of CPO Class (include copy of Certificate): \_\_\_\_\_

MAILING NAME: \_\_\_\_\_

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

**SWIMMING/WADING/SPA POOL INFORMATION**

Length: \_\_\_\_\_ Width: \_\_\_\_\_ Volume: \_\_\_\_\_

Swimming Area: \_\_\_\_\_ sq ft Non-swimming: \_\_\_\_\_ sq ft Diving Area: \_\_\_\_\_ sq ft

Maximum Pool Capacity/Bather Load: \_\_\_\_\_

Number of lifeguards on duty at all times pool is open: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Source of pool water: \_\_\_\_\_

Wastewater and Backwash disposal location: \_\_\_\_\_

Width of deck around pool: \_\_\_\_\_ Decking material: \_\_\_\_\_

Finish of pool walls & bottom (ie. concrete, tile, vinyl): \_\_\_\_\_

**MECHANICAL INFORMATION**

Kind of filters (ie RR sand, HR sand, cartridge, DE): \_\_\_\_\_

Total filter area, sq. ft.: \_\_\_\_\_ Flow rate, g.p.m.: \_\_\_\_\_

Turnover rate, hours: \_\_\_\_\_ Number of Skimmers: \_\_\_\_\_

Chlorinator type: \_\_\_\_\_

Chlorine used (liquid/granule/powder) and brand name: \_\_\_\_\_

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

"Pursuant to MGL Ch. 152, sec. 25A, I certify under the penalties of perjury that this operation, to my best knowledge and belief, is in compliance with the Massachusetts Workers Compensation Coverage Requirement if applicable."

"Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law."

Signature of Applicant: \_\_\_\_\_