



TOWN OF BROOKLINE DEPARTMENT OF PUBLIC HEALTH

11 Pierce Street, Brookline, Massachusetts, 02445
Telephone: (617) 730-2303 Facsimile: (617) 730-2296
Email: rlankah@brooklinema.gov

Roland Lankah, REHS/RS, MPH, PhD.
Assistant Director of Health & Human Services
Chief of Environmental Health

Office Use Only:

Date Rec'd _____
Amt. Paid _____
Check# _____
Chief Appr _____
San. Appr _____
Permit# _____

Application for a Permit to Operate A Swimming Pool

105 CMR 435.000 Minimum Standards for Swimming Pools

(Please Print or Type)

Fee: Year Round Swimming Pool-\$300 _____ Seasonal Swimming Pools - \$180 _____

(EACH POOL REQUIRES A SEPARATE PERMIT APPLICATION)

1. Location of Pool: _____
2. Owner: _____
3. Name and Title of Person in Charge of Pool During the Swimming Season _____
_____ On site phone: _____
Realty Company, if any _____ Office Phone: _____
Certified Pool Operator: name/# _____ **(attach copy of certificate)**
4. Check Type: Swimming _____ Wading _____ Whirlpool _____ Hot Tub _____ Indoor _____ Outdoor _____
5. Hours of Operation: M-F _____ Sat _____ Sun _____
6. # of Lifeguards Present During Hours of Operation _____
7. Physical Description: Length _____ feet Width _____ feet Slide _____ Diving Board _____
Maximum Capacity: _____ Volume: _____
(Calculate total for Swimming & Non-Swimming areas)
Calculated Flow Rate _____ (gpm) Turn Over Rate _____ (per hr)
8. Disinfection, Water Circulation and Filtration: Briefly describe the water circulation and filtration system (method of chlorination, type of filtration etc.)

Application for a Permit to Operate A Swimming Pool

105 CMR 435.000 Minimum Standards for Swimming Pools

(Please Print or Type)

9. Compliance with Anti-Entrapment Drain Requirements: (Virginia Graeme Backer Safety Act)

Yes: _____ No: _____

10. State Law now requires all permit/licensed holders to document the following: As required by MGL c 152 s 25A this Establishment is in compliance with the Massachusetts Workers Compensation Coverage Requirement (establishments not required to comply with this coverage requirement must submit copies of The Dept. of Industrial Accidents affidavit form with this application)

Yes: _____ No: _____

10. I, the undersigned certify under the penalties of perjury that the applicant has filed all state/local tax returns and paid all state taxes as required by law. (MGL Chap 62c s 49A).

Name of Person Completing Form

Date