



Town of East Longmeadow  
**Swimming Pool/Hot Tub Permit**  
**Application**

Date: \_\_\_\_\_

Fee \$325.00

Name of Business		
Business Address		Phone
		Zip
Partners or Others Involved	Name:	Phone
	Address:	Email
	Name:	Phone
	Address:	Email
Contact Person Name		
Email:		Phone

**SWIMMING POOL ESTABLISHMENT INFORMATION**

Days, and Hours of Operation: \_\_\_\_\_

**PLEASE ATTACH COPIES OF CERTIFIED POOL OPERATOR**

Name of CERTIFIED POOL OPERATOR: \_\_\_\_\_

**PLEASE ATTACH COPIES OF ALL LIFE GUARD CERTIFICATES**

Name of LIFE GUARDS: \_\_\_\_\_

**PLEASE ATTACH PROFF OF MAIN DRAIN COVER EXPIRATION DATE**

Main Drain Cover Expiration Date: \_\_\_\_\_

Check all that apply and complete the following

	Public, Semi-Public, Wading	License Fees	Pool Type	Length	Width	Volume	Maximum Bather Load
	Pool	\$325.00					
	Hot Tub	\$325.00					
	TOTAL	<b>PLEASE MAKE ALL CHECKS PAYABLE TO THE TOWN OF EAST LONGMEADOW</b>					

Water Source:       Public       Well      Sewage Disposal:       Public       Well

Treatment System (Kinds of Filters, ect.)	
Disinfection Method (Type, capacity, ect.)	
Chemical Treatment (Feeders, capacity, quantity)	
Turn Over Rate	

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that this application to operate a pool, tub, or slide will comply with 105 CMR 435.000 Chapter V: Minimum standards for swimming pools and all other applicable law.

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

**Pursuant to M.G.L Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all stated taxes required under law.**

\_\_\_\_\_  
Signature of Individual or Corporate Name

\_\_\_\_\_  
Social Security or Federal Identification

By: \_\_\_\_\_

Date: \_\_\_\_\_

**Board of Health**

Application Received:	
Premises Inspected:	
Permit Approved:	
Permit Number:	