



BOARD OF HEALTH
577 Bay Road, P.O. Box 429
Hamilton, MA 01936

Tel: 978-468-5579

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**APPLICATION TO CONSTRUCT
PUBLIC or SEMI-PUBLIC
POOL**

Application is hereby made for a permit to construct a public or semi-public pool in accordance with the State Sanitary Code, Chapter V, 105 CMR 435.000: Minimum Standards for Swimming Pools.

Pool Name or Location: _____

Applicant Name: _____

Applicant Title: _____

Applicant Organization: _____

Applicant Mailing Address: _____

Applicant Tel.: _____ E-Mail: _____

Applicant is Owner / Operator / Other: _____

Owner Name (if not Applicant): _____

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Type of Pool: (Swimming / Wading / Special Purpose) : _____

Type of Pool: (Public / Semi-Public): _____

List All Plans and Documents submitted as part of this Application:

Signature of Applicant _____ Date: _____

Plan Review Fee: \$150.00, Payable to: Town of Hamilton