

PERMIT: _____

FEE: \$100.00

COMMONWEALTH OF MASSACHUSETTS

TOWN OF NORTON

BOARD OF HEALTH

Application to Operate a Swimming Pool

Owner's Name: _____

Owner's Address: _____
St. # Street Town State/Zip

Owner's Phone # day _____

Owner's Phone # night _____

Establishment Name: _____

Establishment Address: _____

Mailing address if different: _____
St. # Street Town State/Zip

Method of Water Treatment: _____

Number of Trained Lifeguards: _____

Maximum number of swimmers to occupy pool: _____

**The undersigned hereby applies for a license to operate a swimming pool in
accordance with 105 CMR 435.000.**

Signature & Title

Date

