



BOSTON INSPECTIONAL SERVICES DEPARTMENT
DIVISION OF HEALTH INSPECTIONS
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APPLICATION FOR PERMIT TO OPERATE A SWIMMING, WADING
OR SPECIAL PURPOSE POOL

By Authority of Boston Public Health Commission

Application is hereby made for a permit to operate a: Public ___ Semi-Public ___ Indoor ___ Outdoor ___
Swimming Pool ___ Wading Pool ___ Special Purpose Pool ___

Name of Facility _____

Address _____

Name of Certified Pool Operator _____

Owner _____ Phone #: _____

Home Address _____

Signature _____

Following section to be completed only for original application:

Sketch:

Length of Pool _____ Width of Pool _____ Depth of Pool _____

Volume in Gallons _____ Source of Water _____

Size: Swimming Area (sq. ft.) 5 feet deep or greater _____

Size: Non Swimming Area (sq. ft.) under 5 feet deep _____

Diving Area: Yes ___ No ___

Total Sq. Ft. _____ Maximum bather load _____ Number of lifeguards required _____

Mechanical information:

Filter (s): Kind _____ Turn over rate in hours _____

Automatic Chlorinator: Yes ___ No ___ Capacity _____
(Pounds per 24 hrs. per 10,000/15,000 gal)

Emergency shut off switch for special purpose pool: Yes ___ No ___ N/A ___

Trim and Finish:

Pool walls and bottom: _____ Color: _____

Four (4) inch wide non-swimming area boundary line on bottom and walls of pool: Yes ___ No ___ N/A ___

Skimmers:

In the wall _____ Number _____

Perimeter Channel _____

Main drain(s):

Anti-vortex in design: Yes ___ No ___ Cover can only be removed with use of tools: Yes ___ No ___

REMARKS _____

