

TOWN OF PLAINVILLE

PERMIT APPLICATION

To Operate a Swimming Pool

Date of Application: _____

Permit # _____
Received _____
Fee \$200.00
Paid (ck or cash) _____
License granted _____

FOR OFFICE USE ONLY

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto

ALL INFORMATION MUST BE INCLUDED. PLEASE MAKE ANY CORRECTIONS NECESSARY.

Name of Business _____

Address of Business _____

Phone Number of Business _____

Mailing Address (if different) _____

Name & Title of Applicant _____

Address of Applicant _____

Phone Number of Applicant _____

In said Town of Plainville in accordance with the rules and regulations made under authority of said statutes.

Certified Pool Operator Name: _____

(Attach Copy of Certificate)

Dates of Pool Operation: _____ Hours of Pool Operation: _____

Lifeguard present during operation hours Yes _____ No _____

Pool Gallons: _____ Pool Dimensions: _____ Bather load: _____

Backwash Disposal location: _____

How will the pool be filled: Town Water ☐ Well Water ☐ Trucked In ☐

If using well water, water analysis of pools & wells must be submitted prior to license approval

Inspection by Health Agent must be completed prior to license approval

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

*Signature of Individual or Corporate Name (Mandatory)

*By Corporate Officer (Mandatory, if applicable)

**Social Security or Federal Identification Number

* *This license or permit will not be issued unless this certification clause is signed by applicant.*

*** Your social security number may be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c.62C s.49A.*