



TOWN OF BREWSTER
2198 MAIN STREET
BREWSTER, MA 02631
PHONE: (508) 896-3701 EXT 1120
FAX: (508) 896-4538
BRHEALTH@BREWSTER-MA.GOV

OFFICE OF
HEALTH DEPARTMENT

APPLICATION FOR PERMIT TO OPERATE A PUBLIC/SEMI-PUBLIC SWIMMING, WADING OR SPECIAL PURPOSE POOL

The undersigned hereby applies for a permit to operate a swimming, wading or special purpose pool in accordance with the State Sanitary Code: Chapter V, 105 CMR 435.000: Minimum Standards for Swimming Pools.

Name of facility: _____

Address of facility: _____

Facility phone #: _____

Mailing address (if different than facility): _____

Name and Title of Applicant: _____

Name, Address & Phone # & Email address of owner: _____

Name of Certified Pool Operator: _____

(Must provide copy of current CPO certificate)

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

Days and hours of operation: _____

Year Round () Seasonal ()

Expected opening date: _____

Pool Size: Length: _____ Width: _____ Depth: _____

Volume (gallons): _____

Swimming area (over 5 feet in depth) (Sq. Ft.): _____

Non-swimming area (5 feet or less in depth) (Sq. Ft.): _____

Diving area (if applicable) (Sq. Ft.): _____

Bather load: _____

Water Filtration and Filtrations Systems:

Source of water: _____

Number of main drains: _____

Number of skimmers: _____

Pump size and rating (GPM): _____

Filter type and total filter area: _____

Sanitizer: (check one) Chlorine () Bromine ()

Fee: \$110.00 per pool

Signature of applicant: _____ Date: _____