



**TOWN OF PROVINCETOWN
BOARD OF HEALTH
SEMI-PUBLIC POOL APPLICATION
Fee: \$205**

Renewal

New

In accordance with 105 CMR 435.00: The Minimum Standards for Swimming Pools (State Sanitary Code, Chapter V), and Part IV, Article 3 of the Provincetown Board of Health Regulations, the undersigned makes application to the Board of Health or approving authority for permission to operate a semi-public pool.

Business Name **Business Owner/Representative Name**

Address / Location of Pool

Business Mailing Address **Phone**

Business Contact Email Address (REQUIRED)

Certified Pool/Spa Operator (CPO) **CPO Phone**

CPO Email Address (REQUIRED)

CERTIFIED POOL OPERATOR MUST INITIAL THE FOLLOWING:

- _____ The pool at the location listed above meets the water circulation and filtration requirements of 105 CMR 435.06.
- _____ The pool at the location listed above meets the safety requirements of 105 CMR 435.07, 105 CMR 435.08, 105 CMR 435.09 and all other relevant federal, state, and local codes and regulations.
- _____ The pool at the location listed above is supervised by a Certified Pool Operator as required by 105 CMR 435.17.
- _____ All required records are kept, including those specified in 105 CMR 435.21(5).
- _____ I understand that pools may not be drained into a storm drain, street, sidewalk, or other public property per 105 CMR 435.26 and Provincetown General By-law 13-1-1.
- _____ The pool drain and grate covers conform to ASME/ANSI A112.19.8-2007

APPLICATIONS MUST ATTACH:

- Lab results for fecal coliform bacteria (water must be tested once a month during operating season)
- A copy of Certified Pool Operator's current certification

NEW APPLICATIONS MUST INCLUDE:

- A sketch of pool area, with dimensions clearly marked
- The capacity of the pool in total gallons

Certification:

I certify that the information I have provided is true and accurate. I fully understand that the annual pool permit is contingent upon my adherence to 105 CMR 435.00, the Minimum Standards for Swimming Pools (State Sanitary Code: Chapter V) and all applicable federal, state, and local laws and regulations. I understand that failure to comply may result in the suspension or revocation of my annual license and any other legal action deemed appropriate by the Town of Provincetown

BUSINESS OWNER/REPRESENTATIVE SIGNATURE **DATE**

FOR OFFICE USE ONLY:

DATE APPLICATION RECEIVED