



KIMBERLEY DRISCOLL
MAYOR

CITY OF SALEM, MASSACHUSETTS

BOARD OF HEALTH
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LARRY RAMDIN, RS/REHS, CHO, CP-FS
HEALTH AGENT

2011 APPLICATION FOR PERMIT TO OPERATE A SWIMMING POOL

LOCATION OF POOL _____

NAME OF APPLICANT _____ TEL # _____

MAILING ADDRESS _____

CERTIFIED POOL OPERATOR

Name: _____ Cert #: _____ TEL # _____

DATES OF OPERATION (if not annual): _____

DAYS & HOURS OF OPERATION: _____

TYPE OF POOL

Public _____
Semi-Public _____
Special Purpose _____

FEE: \$210.00 for year round pools \$140.00 for seasonal \$40.00 Non-Profit

(Please pay total with one check payable to the City of Salem)

This permit is not transferable and must be reissued upon change of ownership.

In accordance with the State Sanitary Code, before any renovations, improvements, or Equipment changes are made, all plans for such must be submitted to and approved by the Salem Board of Health.

Pursuant to MGL Chapter 63C, Section 49a, I certify under the pains and penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

_____/_____/_____
Signature Date SS# or Federal Identification Number

Revised 5/23/11 poolapp11.doc Check # Date _____