



**CHESPROCOTT HEALTH DISTRICT**

1247 HIGHLAND AVENUE • CHESHIRE, CONNECTICUT 06410

PHONE (203) 272-2761 • FAX (203) 250-9412 • [www.chesprocott.org](http://www.chesprocott.org)

Maura A. Esposito RS, MPH Director of Health

**Application for Permit to Operate a Public Pool**

Permit expires annually **April 30<sup>th</sup>**

Permit Type: New

Renewal

Today's Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

On-Site Pool Operator (Manager): \_\_\_\_\_

Pool Operator's Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Pool #1:

Type of Pool:  Outdoor  Indoor  Wading  Whirlpool  Other: \_\_\_\_\_

Pool #2:

Type of Pool:  Outdoor  Indoor  Wading  Whirlpool  Other: \_\_\_\_\_

Pool #3

Type of Pool:  Outdoor  Indoor  Wading  Whirlpool  Other: \_\_\_\_\_

Date of planned opening (seasonal pools only): \_\_\_\_\_

Days & Hours of Pool Operation: \_\_\_\_\_

The undersigned agrees to comply with Section 19-13-B33b of the Connecticut Public Health Code. The undersigned also agrees to permit entry by the Chesprocott Health District without prior notice. This permit may not be issued due to non-compliance or suspended at any time at the discretion of the Director of Health.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

**Note:** The application fee is **\$100 for the 1<sup>st</sup> pool and \$50 for each additional pool.** A pool is defined as separate if it has its own re-circulation & water treatment system.

**OFFICE USE ONLY**

Permit #: \_\_\_\_\_

Permit Approved by & Date: \_\_\_\_\_