



CHESPROCOTT HEALTH DISTRICT

1247 HIGHLAND AVENUE • CHESHIRE, CONNECTICUT 06410

PHONE (203) 272-2761 • FAX (203) 250-9412 • www.chesprocott.org

Maura A. Esposito RS, MPH Director of Health

Application for Permit to Operate a Public Pool

Permit expires annually **April 30th**

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: See Fee Schedule for yearly application license fees.

OFFICE USE ONLY

Pre-operational Inspection Approved by & date: _____

Paid: _____