

**Town of Wakefield
Board of Health
William J. Lee Memorial Town Hall
One Lafayette Street
Wakefield, MA. 01880
Tel. (781) 246-6375 Fax. (781) 224-5018**



Application for Swimming Pool Permit

**Permit Fee: \$150.00 Public, Semi-Public (*Year-Round*)
\$75.00 Public, Semi-Public (*Seasonal*)
\$200.00 with Whirlpool (*Year-Round*)
\$100.00 with Whirlpool (*Seasonal*)**

(Please Print)

Application is hereby made for an annual/season permit to operate a:

- Public
- Semi-public
- Wading
- Swimming
- Special Purpose (Whirlpool)

Pool in the TOWN of WAKEFIELD. This permit expires June 30.

Location: _____

Owner: _____

Owner's Address: _____

Mailing Address: _____

Telephone Number: _____

Method of Water Treatment: _____

Certified Pool Operator: _____

Number of Trained Lifeguards: _____

(Attach Copies of CPR and Lifeguard Certification Cards)

Maximum Bather Load: _____

I have received a copy of the 105 CMR 435.00 Minimum Standards for Swimming Pools (*State Sanitary Code Chapter V*)

I understand that if the sample taken for bacteriological analysis does not pass according to standards outlined in 105 CMR 435.28 that the cost of the retest will be borne by the pool owner, paid directly to the Department of Environmental Protection **certified laboratory of the owner's choice.**

Signature: _____

Date: _____

Printed Name: _____