



**Department of Inspectional Services  
Worcester, Massachusetts**

**Air, Water and Hazardous Materials**

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Commissioner/Building  
Commissioner

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Housing/Health Inspections

**APPLICATION FOR A PERMIT TO OPERATE A SWIMMING, WADING, OR  
SPECIAL PURPOSE POOL**

Fee: \$220.00

Indoor year round       Swimming pool       Public  
 Outdoor seasonal       Wading pool       Semi-public  
       Special purpose     

Facility name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

Owner's name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

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

CPO's name: \_\_\_\_\_

Registration number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**Dimensions:**

Length: \_\_\_\_\_ Width: \_\_\_\_\_ Total surface area: \_\_\_\_\_

Swimming area (sq. ft. surface area over 5' deep): \_\_\_\_\_

Non swimming area (sq. ft. surface area under 5' deep): \_\_\_\_\_

Diving area: \_\_\_\_\_ Maximum pool capacity: \_\_\_\_\_

Min. depth: \_\_\_\_\_ Max. depth: \_\_\_\_\_ Volume: \_\_\_\_\_

Source of water: \_\_\_\_\_ Number of lifeguards required: \_\_\_\_\_

Pool chemical treatment system:

Chlorine type used:

liquid     granular     solid     Bromine    Other: \_\_\_\_\_

Chlorination equipment (make and model): \_\_\_\_\_

Feed rate capacity (lbs./24 hrs.): \_\_\_\_\_

Filters:

Make: \_\_\_\_\_ Date of installation: \_\_\_\_\_

Type:

\_\_\_\_\_ conventional sand & gravel \_\_\_\_\_ D.E. \_\_\_\_\_ high rate sand \_\_\_\_\_ cartridge

Filtration rate (gpm/sq.ft.): \_\_\_\_\_ Filter surface area (sq. ft.): \_\_\_\_\_

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Pumps:

Make: \_\_\_\_\_ Date of installation: \_\_\_\_\_

Flow rate: \_\_\_\_\_ Turn over rate (hrs.): \_\_\_\_\_

Pool type:

Trim and finish material (pool walls and bottom):

\_\_\_\_\_

Decking material: \_\_\_\_\_

Minimum width of deck: \_\_\_\_\_

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Outlets (describe):

Skimmers: \_\_\_\_\_

Perimeter overflow trough: \_\_\_\_\_

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Operator/CPO