

Fee: \$200.00 (annual) \$100.00 (seasonal: May 1 - Oct 31)

BoH Permit Issued

Date:

Initials:

**Town of Peru
Board of Health**

Application for a Permit to Operate a Swimming Pool, Hot Tub, or Spa

All applications must be filled out completely and legibly.

Application is hereby made for a permit to operate a public or semi-public swimming pool, wading pool, hot tub, or spa. Signing this permit certifies that the applicant will operate the pool according to 105 CMR 435.000 Minimum Standards for Swimming Pools (State Sanitary Code, Chapter V). The fee for this permit is payable upon application. A separate application and fee must be filed for each pool, spa, or hot tub.

☐ New License ☐ Renewal ☐ Swimming Pool ☐ Hot Tub

Owner _____ Tel. # _____

Pool Location _____

E-mail address _____

Operator _____ Tel. # _____

CPO Certification Date _____ Include a copy of the certification with each application.

POOL INFORMATION

Pool Length: _____ Pool Width: _____ Volume (gals.) _____

Swimming Area _____ Square Feet Non-swimming _____ Square Feet

Diving Area _____ Square Feet Max. Capacity _____ Persons

of Skimmers _____ Skimmer Weir _____ Length in feet

Decking Type _____ Width (feet) _____ Fence Height (ft.) _____

Water Source ☐ Public ☐ Private Sewage Disposal ☐ Municipal ☐ On-site

FILTRATION SYSTEM

Filter Type _____ Total Filter Area _____ Square Feet

Circulation Rate _____ Gals. per min. Backwash Rate _____ Gals. Per min.

Turnover in Hrs. _____ Rate in Hrs. _____

DISINFECTION SYSTEM

Chlorinator Type _____ Capacity _____ Gals. Or Tablets

Remarks/Notes _____

Pursuant to MGL Ch. 62, sec 49A, I certify, under the pains and penalties of perjury that, to the best of my knowledge and belief, I have filed all state tax returns, and paid all state taxes as required under law.

Signature of Applicant

Date Signed