

**Marshfield Board of Health
870 Moraine Street
Marshfield, Ma. 02050**

**781-834-5558
Fax 781-837-6047**

**POOL RENEWAL PERMIT
APPLICATION FORM**

Please complete, sign and return this form to the Health Department along with Fee, CPO Certificate and the State required Workers Compensation Insurance Affidavit form.

Permits will not be issued unless all items are returned.

Total fee for 2022 **\$135.00** **PLEASE PRINT**

Disinfectant Used _____ **Filter Type & Size** _____
Pool Dimensions (Length, width, depth) _____ **Gallons** _____

Name of Pool _____

Contact Person _____ Cell Phone _____

Pool Location address _____

Business ID # _____

Phone number _____ Fax number _____ Email Address _____

Mailing address _____
(If different from above)

Certified Pool Operator _____
(Attach copy of certificate)

I HEREBY STATE THAT ALL ANSWERS ARE CORRECT AND UNDERSTOOD

Signature _____ Date _____

Prior to opening, a sample for bacteriological analysis shall be submitted to a lab to be tested for coliform . An inspection must be scheduled with this office at least one week prior to opening. A permit will be granted after results from the lab have been received and an inspection has been conducted.

Please make sure that you, or your certified pool operator, are using a fresh supply of pool testing chemicals, as shelf life expires in one year.